ಕರ್ನಾಟಕ ವಿಧಾನ ಪರಿಷತ್ತು

ಚುಕ್ಕೆ ಗುರುತಿಲ್ಲದ ಪ್ರಶ್ನೆ ಸಂಖ್ಯೆ : 74
ಮಾನ್ಯ ಸದಸ್ಯರ ಹೆಸರು : ಶ್ರೀ ಕೆ.ಎ.ತಿಪ್ಪೇಸ್ವಾಮಿ (ನಾಮ ನಿರ್ದೇಶನ ಹೊಂದಿದವರು)
ಉತ್ತರಿಸಬೇಕಾದ ದಿನಾಂಕ : 7-12-2020
ಉತ್ತರಿಸುವ ಸಚಿವರು : ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಹಾಗೂ ವೈದ್ಯಕೀಯ ಶಿಕ್ಷಣ ಸಚಿವರು

ಕ್ರ. ಸಂ.	ಪ್ರಶ್ನೆ	ಉತ್ತರ
1	ರಾಜ್ಯದಲ್ಲಿ ಇಲ್ಲಿಯವರೆಗೆ ಎಷ್ಟು ಬಾರಿ ಸೆರೋ ಸಮೀಕ್ಷೆ (Sero Survey) ಯನ್ನು ನಡೆಸಲಾಗಿದೆ; (ನಗರವಾರು ಮತ್ತು ಜಿಲ್ಲಾವಾರು ಸಂಪೂರ್ಣ ಮಾಹಿತಿಯನ್ನು ನೀಡುವುದು).	ರಾಜ್ಯದಲ್ಲಿ ಈವರೆಗೆ ಒಂದು ಬಾರಿ (ಸೆಪ್ಟೆಂಬರ್ 2020 ರಲ್ಲಿ) ಸೆರೋ ಸಮೀಕ್ಷೆಯನ್ನು ಕೈಗೊಳ್ಳಲಾಗಿದೆ. ಜಿಲ್ಲಾವಾರು ಮಾಹಿತಿಯನ್ನು **ಅನುಬಂಧ-1** ರಲ್ಲಿ ಲಗತ್ತಿಸಲಾಗಿದೆ.
2	ಈ ಸೆರೋ ಸಮೀಕ್ಷೆಯಲ್ಲಿ ಕೋವಿಡ್ -19 ರ ನೈಜ ಪ್ರಕರಣಗಳು ಮತ್ತು ಜನಸಂಖ್ಯೆಯಲ್ಲಿ ಕಂಡು ಬಂದಿರುವ ಸೋಂಕುಗಳ ನಡುವೆ ವ್ಯತ್ಯಾಸವಿರುವುದು ಸರ್ಕಾರದ ಗಮನಕ್ಕೆ ಬಂದಿದೆಯೇ; ಹಾಗಿದ್ದಲ್ಲಿ, ಈ ಪ್ರಕರಣಗಳ ನಡುವಿನ ಶೇಕಡಾವಾರು ವ್ಯತ್ಯಾಸವೆಷ್ಟು;	ಸೆರೋ ಸಮೀಕ್ಷೆಯಲ್ಲಿ ಕೋವಿಡ್-19 ರ ನೈಜ ಪ್ರಕರಣಗಳು ಮತ್ತು ಜನಸಂಖ್ಯೆಯಲ್ಲಿ ಕಂಡು ಬಂದಿರುವ ಸೋಂಕುಗಳ ನಡುವೆ ವ್ಯತ್ಯಾಸವಿರುವುದು ಸರ್ಕಾರದ ಗಮನಕ್ಕೆ ಬಂದಿದೆ. ನೈಜ ಪ್ರಕರಣಗಳು ಮತ್ತು ಜನಸಂಖ್ಯೆಯಲ್ಲಿ ಕಂಡು ಬಂದಿರುವ ಸೋಂಕುಗಳ ನಡುವೆ ಇರುವ ಶೇಕಡಾವಾರು ವ್ಯತ್ಯಾಸದ ವಿವರಗಳು ಈ ಕೆಳಕಂಡಂತಿವೆ. ದಿನಾಂಕ: 15.9.2020ರ ವರೆಗೆ ವರದಿಯಾದ ಒಟ್ಟು ಕೋವಿಡ್ ಪ್ರಕರಣಗಳು –4,75,265 ಸೆರೋ ಸಮೀಕ್ಷೆಯ ಅನ್ವಯ ಶೇಕಡಾವಾರು ಪಾಸಿಟಿವಿಟಿ: 12%, ಅಂದರೆ ಸುಮಾರು 78 ಲಕ್ಷ ಜನರಲ್ಲಿ ಸೆರೋ ಸಮೀಕ್ಷೆಯಲ್ಲಿ ಸೋಂಕು ದೃಢಪಟ್ಟಿದೆ. RT-PCR ಪರೀಕ್ಷೆಗಳಲ್ಲಿ ಸೋಂಕಿತರು, ತೀವ್ರ ಲಕ್ಷಣಗಳನ್ನು ಹೊಂದಿದವರು ಹಾಗೂ ಸಂಪರ್ಕಿತರನ್ನು ಪರೀಕ್ಷಿಸಲಾಗುತ್ತದೆ. ಆದರೆ, ಸೆರೋ ಸಮೀಕ್ಷೆಯಲ್ಲಿ ಒಂದು ಪ್ರದೇಶದ ನಿರ್ದಿಷ್ಟ ಜನ ಸಂಖ್ಯೆಯಲ್ಲಿ ವೈಜ್ಞಾನಿಕ ವಿಧಾನದ ಮೂಲಕ ರಾಂಡಮ್ ಮಾದರಿಯಲ್ಲಿ ಜನರ ಮಾದರಿಗಳನ್ನು ಸಂಗ್ರಹಿಸಿ ಪರೀಕ್ಷೆಗೆ ಒಳಪಡಿಸಲಾಗುತ್ತದೆ. ಆದ್ದರಿಂದ ನೈಜ ಪ್ರಕರಣಗಳು ಮತ್ತು ಜನಸಂಖ್ಯೆಯಲ್ಲಿ ಕಂಡು ಬಂದಿರುವ ಸೋಂಕುಗಳ

		ನಡುವೆ ವ್ಯತ್ಯಾಸವನ್ನು ಕಾಣಬಹುದಾಗಿದೆ.
3	ರಾಜ್ಯ ಸರ್ಕಾರ ನಗರ ಪ್ರದೇಶಗಳಲ್ಲಿ ಮತ್ತು ವಿವಿಧ ಜಿಲ್ಲೆಗಳಲ್ಲಿ ನಡೆಸುತ್ತಿರುವ ವಿವಿಧ ರೀತಿಯ ಕೊರೋನಾ ಪರೀಕ್ಷೆಗಳು ಯಾವುವು; ಇದುವರೆಗೂ ಎಷ್ಟು ಪರೀಕ್ಷೆಗಳನ್ನು ಮಾಡಲಾಗಿದೆ. ಈ ಕುರಿತು ಸರ್ಕಾರ ವ್ಯಯಿಸಿರುವ ವೆಚ್ಚವೆಷ್ಟು; (ಜಿಲ್ಲಾವಾರು ಸಂಪೂರ್ಣ ಮಾಹಿತಿ ನೀಡುವುದು)	ಕೊರೋನಾ ಪತ್ತೆ ಹಚ್ಚಲು ರಾಜ್ಯದಲ್ಲಿ RT-PCR, Rapid Antigen Tests (RAT) ಪರೀಕ್ಷೆಗಳನ್ನು ನಡೆಸಲಾಗುತ್ತಿದೆ. ದಿನಾಂಕ: 30.11.2020 ರವರೆಗೂ ನಡೆಸಿರುವ ಪರೀಕ್ಷೆಗಳ ಹಾಗೂ ವ್ಯಯಿಸಿರುವ ವೆಚ್ಚದ ಜಿಲ್ಲಾವಾರು ಮಾಹಿತಿಯನ್ನು ಅನುಬಂಧ-2 ರಲ್ಲಿ ಲಗತ್ತಿಸಿದೆ.
4	ಸರ್ಕಾರವು ಅನುಸರಿಸುತ್ತಿರುವ ಪರೀಕ್ಷಾ ಕಾರ್ಯ ವಿಧಾನವು ದೋಷ ಪೂರಿತವಾಗಿದ್ದು, ಅಂತಹ ಅನೇಕ ಸಾಂಕ್ರಾಮಿಕ ಪ್ರಕರಣಗಳು ವರದಿಯಾಗದೇ ಇರುವುದು ಸರ್ಕಾರದ ಗಮನಕ್ಕೆ ಬಂದಿದೆಯೇ; (ವಿವರ ನೀಡುವುದು)	ರಾಜ್ಯದಲ್ಲಿ ಕೋವಿಡ್ ಪತ್ತೆಹಚ್ಚಲು ಸರ್ಕಾರವು ICMR - ಭಾರತ ಸರ್ಕಾರ, ಇವರಿಂದ ಅನುಮೋದಿಸಲ್ಪಟ್ಟ ಪರೀಕ್ಷೆಗಳನ್ನು ಶಿಷ್ಟಾಚಾರದನ್ವಯ ನಡೆಸಲಾಗುತ್ತಿದ್ದು, ಪರೀಕ್ಷಾ ಕಾರ್ಯ ವಿಧಾನವು ದೋಷಪೂರಿತವಾಗಿರುವುದಿಲ್ಲ.
5	ಸರ್ಕಾರವು ಸಾರ್ವಜನಿಕರನ್ನು ಅವರ ಇಚ್ಛೆ ಮೇರೆಗೆ ಪರೀಕ್ಷಿಸುವ ಪ್ರಕ್ರಿಯೆಯನ್ನು ಕೈಗೊಂಡಿದೆಯೇ? (ಮಾಹಿತಿ ಒದಗಿಸುವುದು)	ಕೋವಿಡ್ ಪತ್ತೆ ಹಚ್ಚುವ ಪ್ರಮಾಣಿತ ಕಾರ್ಯಾಚರಣೆಯ (SOP) ಅನ್ವಯ, ಸೋಂಕಿನ ಲಕ್ಷಣಗಳನ್ನು ಹೊಂದಿದವರು, ಸೋಂಕಿತರ ಸಂಪರ್ಕಿತರು, ಅಪಾಯದ ಗುಂಪಿನಲ್ಲಿರುವವರನ್ನು (ಹೈ ರಿಸ್ಕ್) ವೈದ್ಯರ ಸಲಹೆಯಂತೆ ಕೋವಿಡ್ ಪರೀಕ್ಷೆಗೆ ಒಳಪಡಿಸಲಾಗಿದೆ.

ಆಕುಕ 139 ಎಸ್.ಎಂ.ಎಂ. 2020

(ಡಾ: ಕೆ. ಸುಧಾಕರ್)
ಮಾನ್ಯ ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ
ಹಾಗೂ ವೈದ್ಯಕೀಯ ಶಿಕ್ಷಣ ಸಚಿವರು

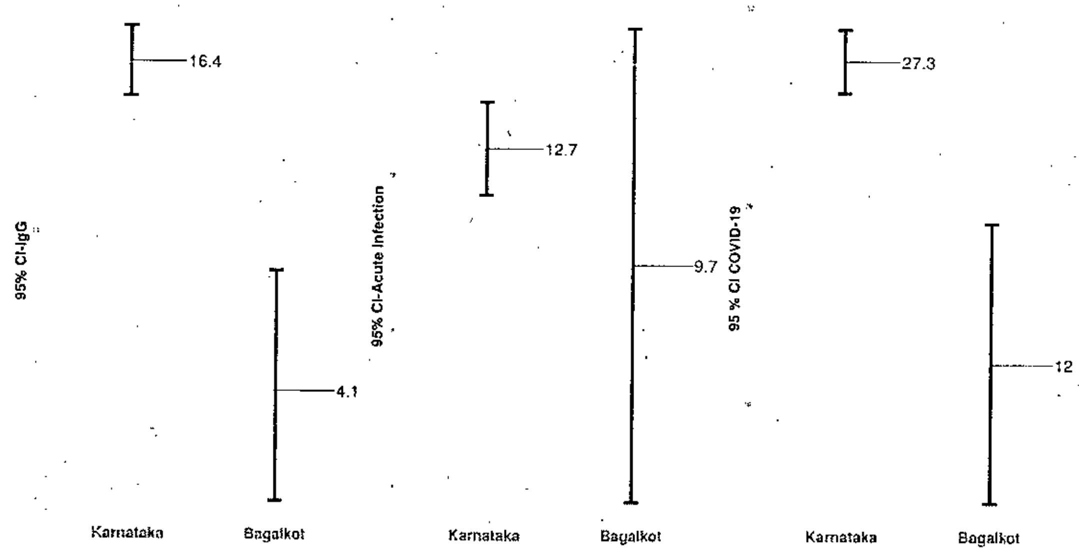
ಅನುಬಂಧ - 1

Sentinel survey for estimating COVID-19 burden in Karnataka, Round-1.

District Summary Report : Bagalkot

Unit	Samples taken for Analysis	%-IgG Prevalence@ (95%-CI)	%-Acute Infection@ (95%-CI)	%-COVID-19 Prevalence@ (95%-CI)	Estimated Infection	Case to Infection Ratio	Infecti Fatalit Rate
Karnataka*	15624	16.4 (15.1-17.7)	12.7 (11.5-13.9)	27.3 (25.7-28.9)	19321334	1 : 40	0.05 %
Bagalkot	401	4.1 (0-8.6)	9.7 (3.6-15.8)	12 (5-19.1)	257014	1 : 30	0.09 %

@Adjusted for Sensitivity and Specificity of the RAT, RTPCR, and Antibody tests.
*Weighted for Population.



- **Observations**:
  1. Relatively lower IgG, higher IFR, lower CIR (when compared with Karnataka state estimates).
  2. The district is yet to see surge in cases.
  3. High proportion of deaths due to COVID-19 in the early phase of the outbreak.
     - Death reporting is reliable.
     - Awareness might be low.
     - Clinical management may be an issue to be addressed.

- **Recommendations**:
  1. Focus on clinical management as the district is seeing a higher number of COVID-19 deaths without a surge in cases.
     - Improve clinical management: STPs.
  2. Death audits should guide efficient clinical management.
  3. Sensitise the community regarding preventable causes of death.

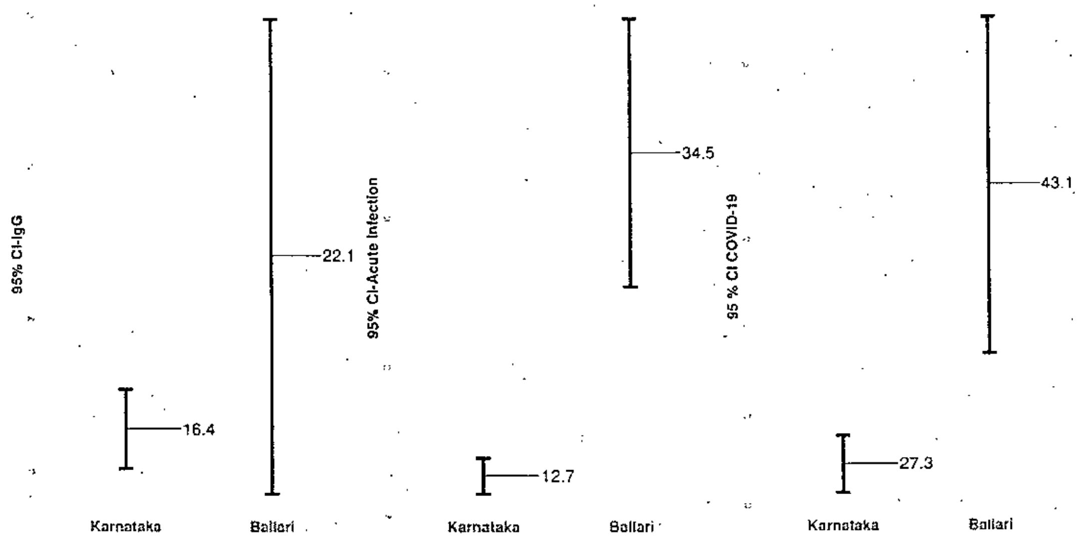
- **Resources**: For questions, clarifications, and suggestions please email karnatakaserosurvey@gmail.com

Sentinel survey for estimating COVID-19 burden in Karnataka, Round-1.

District Summary Report : Ballari

Unit	Samples taken for Analysis	%-IgG Prevalence@ (95%-CI)	%-Acute Infection@ (95%-CI)	%-COVID-19 Prevalence@ (95%-CI)	Estimated Infection	Case to Infection Ratio	Infecti Fatalit Rate
Karnataka*	15624	16.4 (15.1-17.7)	12.7 (11.5-13.9)	27.3 (25.7-28.9)	19321334	1 : 40	0.05 %
Ballari	406	22.1 (14.3-29.9)	34.5 (25.4-43.6)	43.1 (33.5-52.6)	1334597	1 : 49	0.04 %

@Adjusted for Sensitivity and Specificity of the RAT, RTPCR, and Antibody tests.
*Weighted for Population.



- **Observations:**
  1. Relatively higher IgG, lower IFR, higher CIR (when compared with Karnataka state estimates).
  2. High IgG and high CIR in district is a clear indication that cases or areas of circulation have been missed. Testing policy needs review.
  3. High IgG and low IFR means that there is under-reporting of deaths.

- **Recommendations:**
  1. There is an urgent need to review testing policy and strengthen testing levels.
  2. Verbal autopsy should be a priority in this district.
  3. Death audits should be strengthened to guide efficient clinical management.
  4. Improve clinical management: STPs.
  5. Sensitise the community regarding COVID-19, treatment, and preventable causes of death.

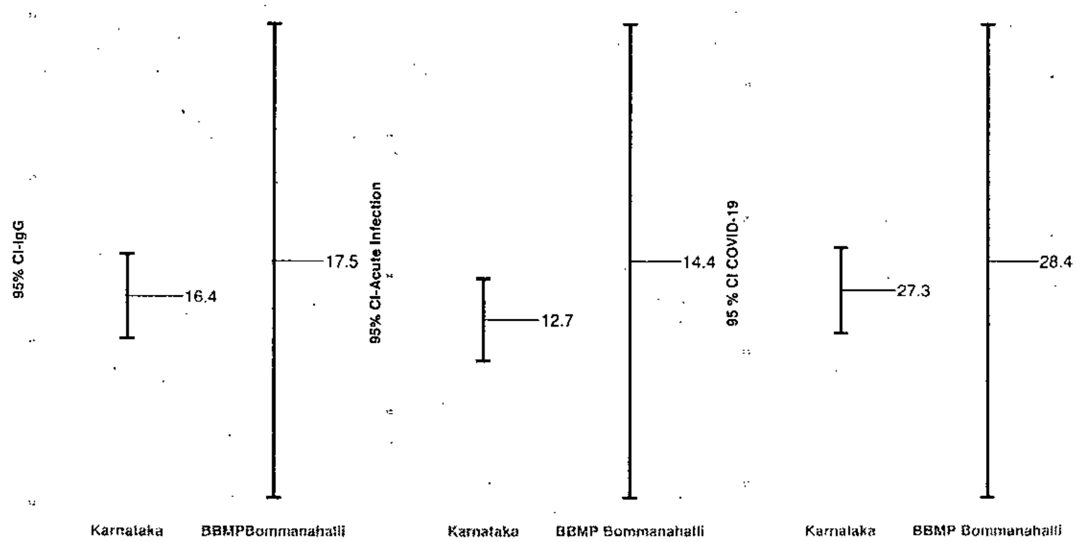
- **Resources:** For questions, clarifications, and suggestions please email karnatakaserosurvey@gmail.com

Sentinel survey for estimating COVID-19 burden in Karnataka, Round-1.

District Summary Report : BBMP-Bommanahalli

Unit	Samples taken for Analysis	%-IgG Prevalence@ (95%-CI)	%-Acute Infection@ (95%-CI)	%-COVID-19 Prevalence@ (95%-CI)	Estimated Infection	Case to Infection Ratio	Infecti Fatalit Rate
Karnataka*	15624	16.4 (15.1-17.7)	12.7 (11.5-13.9)	27.3 (25.7-28.9)	19321334	1 : 40	0.05 %
BBMP-Bommanahalli	394	17.5 (10.2-24.8)	14.4 (7.5-21.3)	28.4 (19.5-37.3)	313581	1 : 17	0.11 %

@Adjusted for Sensitivity and Specificity of the RAT, RTPCR, and Antibody tests.
*Weighted for Population.



- **Observations**:
  1. Relatively higher IgG, higher IFR, lower CIR (when compared with Karnataka state estimates).
  2. Despite going through surge in cases in the past, district seems to be detecting cases and areas of circulation well.
  3. High IgG with high IFR means that there is reliable reporting of deaths.

- **Recommendations**:
  1. The district should continue with current practices.
  2. The district can mentor neighbouring districts/areas on best practices.
  3. Death audits can be strengthened to guide efficient clinical management.
     - Improve clinical management: STPs
  4. Sensitise the community regarding preventable causes of death.

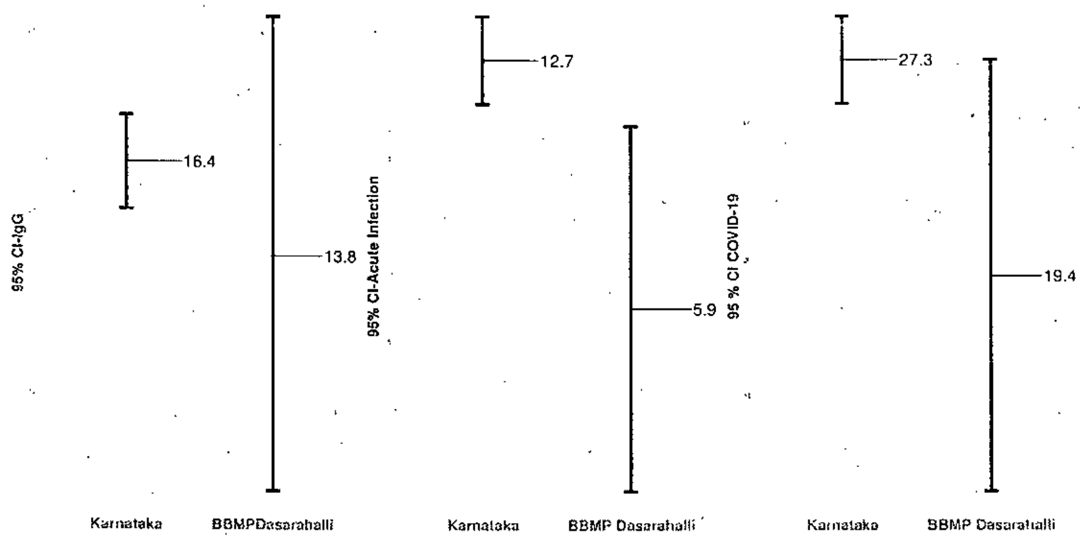
- **Resources**: For questions, clarifications, and suggestions please email karnatakaserosurvey@gmail.com

Sentinel survey for estimating COVID-19 burden in Karnataka, Round-1.

District Summary Report : BBMP-Dasarahalli

Unit	Samples taken for Analysis	%-IgG Prevalence@ (95%-CI)	%-Acute Infection@ (95%-CI)	%-COVID-19 Prevalence@ (95%-CI)	Estimated Infection	Case to Infection Ratio	Infecti Fatalit Rate
Karnataka*	15624	16.4 (15.1-17.7)	12.7 (11.5-13.9)	27.3 (25.7-28.9)	19321334	1 : 40	0.05 %
BBMP-Dasarahalli	421	13.8 (7.3-20.4)	5.9 (0.9-10.9)	19.4 (11.5-27.3)	104054	1 : 12	0.07 %

@Adjusted for Sensitivity and Specificity of the RAT, RTPCR, and Antibody tests.
*Weighted for Population.



- **Observations**:
  1. Relatively lower IgG, higher IFR, lower CIR (when compared with Karnataka state estimates).
  2. The district is yet to see surge in cases.
  3. High proportion of deaths due to COVID-19 in the early phase of the outbreak.
     - Death reporting is reliable.
     - Awareness might be low.
     - Clinical management may be an issue to be addressed.

- **Recommendations**:
  1. Focus on clinical management as the district is seeing a higher number of COVID-19 deaths without a surge in cases.
     - Improve clinical management: STPs.
  2. Death audits should guide efficient clinical management.
  3. Sensitise the community regarding preventable causes of death.

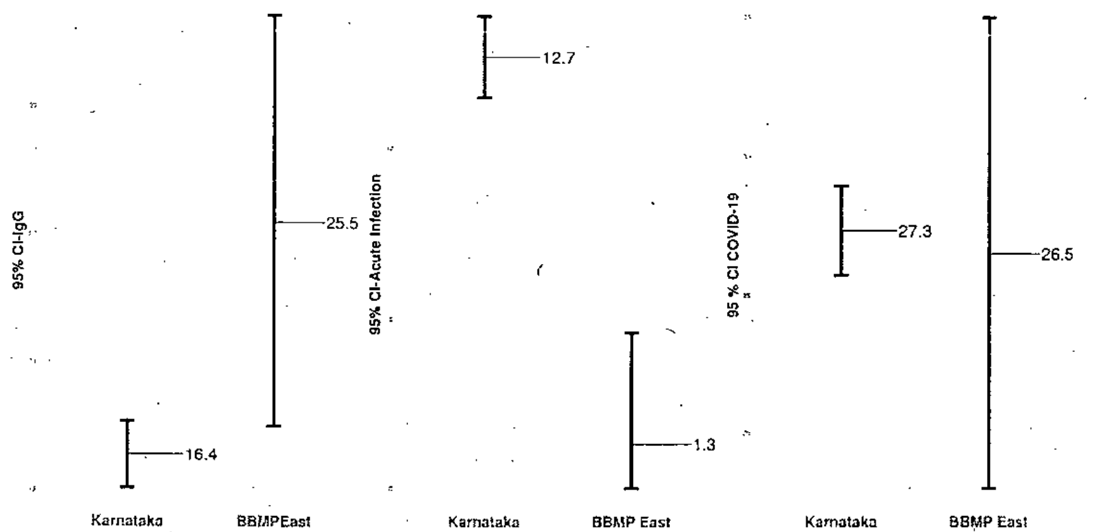
- **Resources**: For questions, clarifications, and suggestions please email karnatakaserosurvey@gmail.com

Sentinel survey for estimating COVID-19 burden in Karnataka, Round-1.

District Summary Report : BBMP-East

Unit	Samples taken for Analysis	%-IgG Prevalence@ (95%-CI)	%-Acute Infection@ (95%-CI)	%-COVID-19 Prevalence@ (95%-CI)	Estimated Infection	Case to Infection Ratio	Infecti Fatalit Rate
Karnataka*	15624	16.4 (15.1-17.7)	12.7 (11.5-13.9)	27.3 (25.7-28.9)	19321334	1 : 40	0.05 %
BBMP-East	416	25.5 (17.5-33.6)	1.3 (0-4.6)	26.5 (18-35)	538197	1 : 20	0.07 %

@Adjusted for Sensitivity and Specificity of the RAT, RTPCR, and Antibody tests.
*Weighted for Population.



- **Observations**:
  1. Relatively higher IgG, higher IFR, lower CIR (when compared with Karnataka state estimates).
  2. Despite going through surge in cases in the past, district seems to be detecting cases and areas of circulation well.
  3. High IgG with high IFR means that there is reliable reporting of deaths.

- **Recommendations**:
  1. The district should continue with current practices.
  2. The district can mentor neighbouring districts/areas on best practices.
  3. Death audits can be strengthened to guide efficient clinical management.
     - Improve clinical management: STPs
  4. Sensitise the community regarding preventable causes of death.

- **Resources**: For questions, clarifications, and suggestions please email karnatakaserosurvey@gmail.com

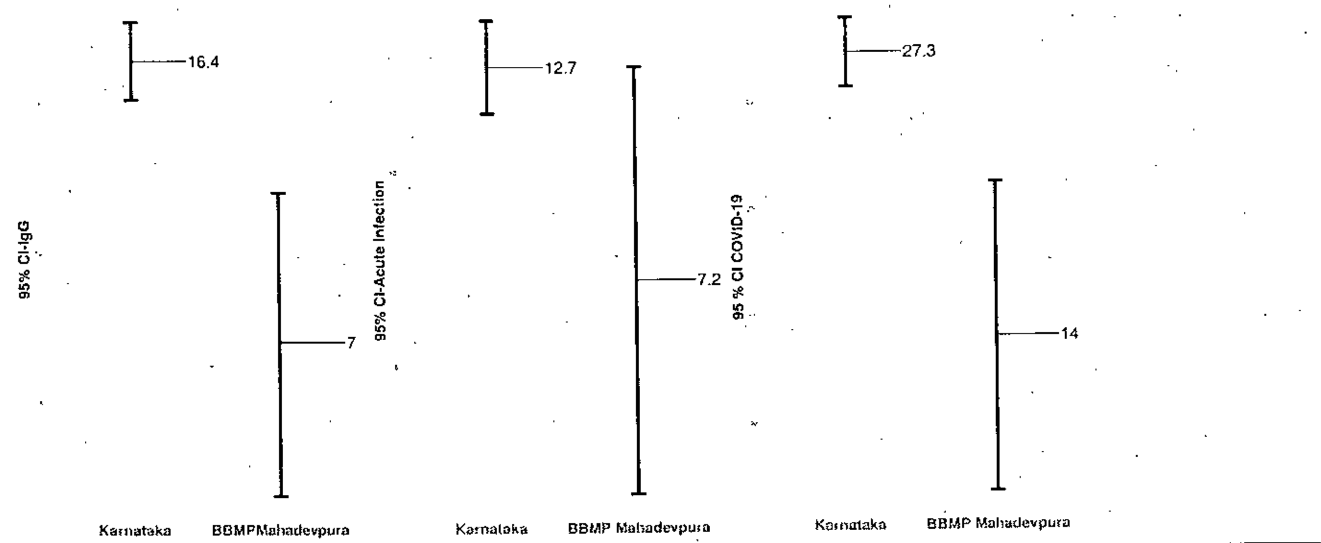
Sentinel survey for estimating COVID-19 burden in Karnataka, Round-1.

District Summary Report : BBMP-Mahadevpura

Unit	Samples taken for Analysis	%-IgG Prevalence@ (95%-CI)	%-Acute Infection@ (95%-CI)	%-COVID-19 Prevalence@ (95%-CI)	Estimated Infection	Case to Infection Ratio	Infecti Fatalit Rate
Karnataka*	15624	16.4 (15.1-17.7)	12.7 (11.5-13.9)	27.3 (25.7-28.9)	19321334	1 : 40	0.05 %
BBMP-Mahadevpura	433	7 (1.9-12)	7.2 (1.7-12.7)	14 (6.8-21.2)	150294	1 : 11	0.13 %

@Adjusted for Sensitivity and Specificity of the RAT, RTPCR, and Antibody tests.

*Weighted for Population.



- **Observations**:
  1. Relatively lower IgG, higher IFR, lower CIR (when compared with Karnataka state estimates).
  2. The district is yet to see surge in cases.
  3. High proportion of deaths due to COVID-19 in the early phase of the outbreak.
     - Death reporting is reliable.
     - Awareness might be low.
     - Clinical management may be an issue to be addressed.

- **Recommendations**:
  1. Focus on clinical management as the district is seeing a higher number of COVID-19 deaths without a surge in cases.
     - Improve clinical management: STPs.
  2. Death audits should guide efficient clinical management.
  3. Sensitise the community regarding preventable causes of death.

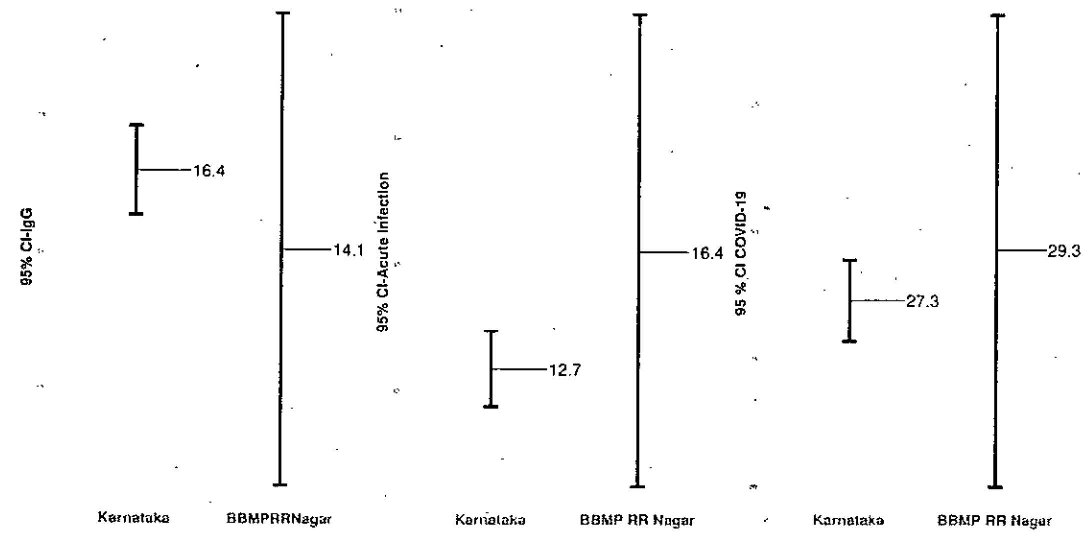
- **Resources**: For questions, clarifications, and suggestions please email karnatakaserosurvey@gmail.com

Sentinel survey for estimating COVID-19 burden in Karnataka, Round-1.

District Summary Report : BBMP-RR-Nagar

Unit	Samples taken for Analysis	%-IgG Prevalence@ (95%-CI)	%-Acute Infection@ (95%-CI)	%-COVID-19 Prevalence@ (95%-CI)	Estimated Infection	Case to Infection Ratio	Infecti Fatalit Rate
Karnataka*	15624	16.4 (15.1-17.7)	12.7 (11.5-13.9)	27.3 (25.7-28.9)	19321334	1 : 40	0.05 %
BBMP-RR-Nagar	381	14.1 (7.2-21)	16.4 (9-23.9)	29.3 (20-38.5)	262335	1 : 20	0.1 %

@Adjusted for Sensitivity and Specificity of the RAT, RTPCR, and Antibody tests.
*Weighted for Population.



- **Observations**:
  1. Relatively lower IgG, higher IFR, lower CIR (when compared with Karnataka state estimates).
  2. The district is yet to see surge in cases.
  3. High proportion of deaths due to COVID-19 in the early phase of the outbreak.
     - Death reporting is reliable.
     - Awareness might be low.
     - Clinical management may be an issue to be addressed.

- **Recommendations**:
  1. Focus on clinical management as the district is seeing a higher number of COVID-19 deaths without a surge in cases.
     - Improve clinical management: STPs.
  2. Death audits should guide efficient clinical management.
  3. Sensitise the community regarding preventable causes of death.

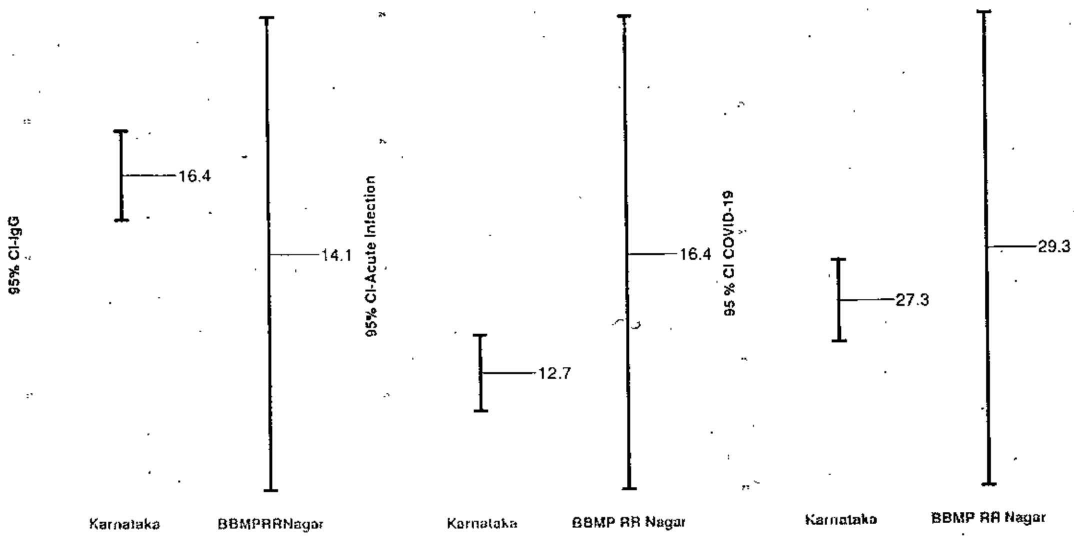
- **Resources**: For questions, clarifications, and suggestions please email karnatakaserosurvey@gmail.com

Sentinel survey for estimating COVID-19 burden in Karnataka, Round-1.

District Summary Report : BBMP-RR-Nagar

Unit	Samples taken for Analysis	%-IgG Prevalence@ (95%-CI)	%-Acute Infection@ (95%-CI)	%-COVID-19 Prevalence@ (95%-CI)	Estimated Infection	Case to Infection Ratio	Infecti Fatalit Rate
Karnataka*	15624	16.4 (15.1-17.7)	12.7 (11.5-13.9)	27.3 (25.7-28.9)	19321334	1 : 40	0.05 %
BBMP-RR-Nagar	381	14.1 (7.2-21)	16.4 (9-23.9)	29.3 (20-38.5)	262335	1 : 20	0.1 %

@Adjusted for Sensitivity and Specificity of the RAT, RTPCR, and Antibody tests.
*Weighted for Population.



- **Observations**:
  1. Relatively lower IgG, higher IFR, lower CIR (when compared with Karnataka state estimates).
  2. The district is yet to see surge in cases.
  3. High proportion of deaths due to COVID-19 in the early phase of the outbreak.
     - Death reporting is reliable.
     - Awareness might be low.
     - Clinical management may be an issue to be addressed.

- **Recommendations**:
  1. Focus on clinical management as the district is seeing a higher number of COVID-19 deaths without a surge in cases.
     - Improve clinical management: STPs.
  2. Death audits should guide efficient clinical management.
  3. Sensitise the community regarding preventable causes of death.

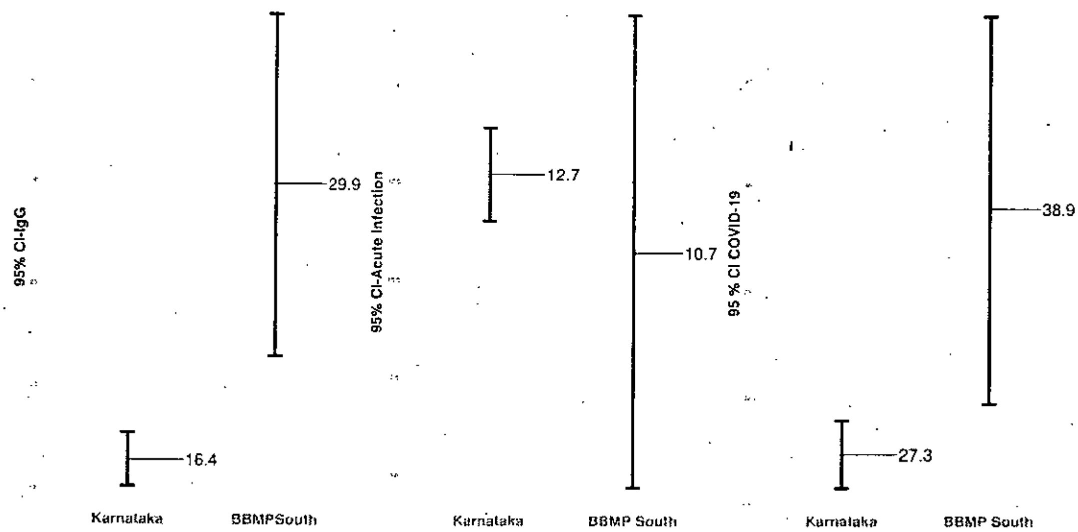
- **Resources**: For questions, clarifications, and suggestions please email karnatakaserosurvey@gmail.com

Sentinel survey for estimating COVID-19 burden in Karnataka, Round-1.

District Summary Report : BBMP-South

Unit	Samples taken for Analysis	%-IgG Prevalence@ (95%-CI)	%-Acute Infection@ (95%-CI)	%-COVID-19 Prevalence@ (95%-CI)	Estimated Infection	Case to Infection Ratio	Infecti Fatalit Rate
Karnataka*	15624	16.4 (15.1-17.7)	12.7 (11.5-13.9)	27.3 (25.7-28.9)	19321334	1 : 40	0.05 %
BBMP-South	422	29.9 (21.5-38.3)	10.7 (4.7-16.8)	38.9 (29.7-48.1)	912400	1 : 32	0.08 %

@Adjusted for Sensitivity and Specificity of the RAT, RTPCR, and Antibody tests.
*Weighted for Population.



- **Observations**:
  1. Relatively higher IgG, higher IFR, lower CIR (when compared with Karnataka state estimates).
  2. Despite going through surge in cases in the past, district seems to be detecting cases and areas of circulation well.
  3. High IgG with high IFR means that there is reliable reporting of deaths.

- **Recommendations**:
  1. The district should continue with current practices.
  2. The district can mentor neighbouring districts/areas on best practices.
  3. Death audits can be strengthened to guide efficient clinical management.
     – Improve clinical management: STPs
  4. Sensitise the community regarding preventable causes of death.

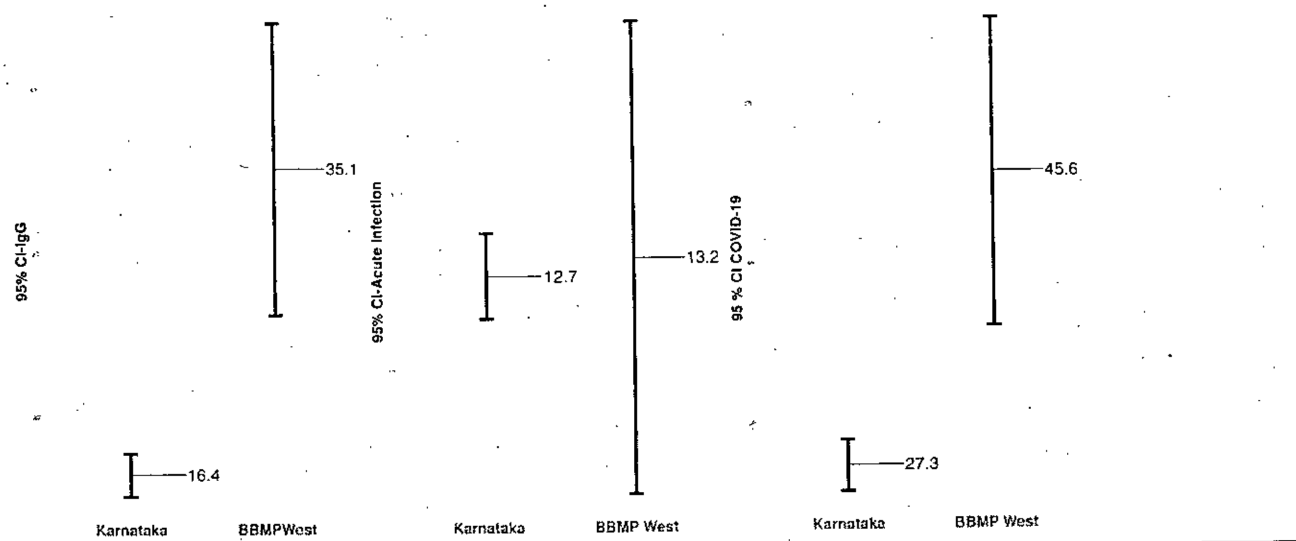
- **Resources**: For questions, clarifications, and suggestions please email karnatakaserosurvey@gmail.com

Sentinel survey for estimating COVID-19 burden in Karnataka, Round-1.

District Summary Report : BBMP-West

Unit	Samples taken for Analysis	%-IgG Prevalence@ (95%-CI)	%-Acute Infection@ (95%-CI)	%-COVID-19 Prevalence@ (95%-CI)	Estimated Infection	Case to Infection Ratio	Infecti Fatalit Rate
Karnataka*	15624	16.4 (15.1-17.7)	12.7 (11.5-13.9)	27.3 (25.7-28.9)	19321334	1 : 40	0.05 %
BBMP-West	405	35.1 (26.2-44)	13.2 (6.5-19.9)	45.6 (36-55.2)	695302	1 : 21	0.07 %

@Adjusted for Sensitivity and Specificity of the RAT, RTPCR, and Antibody tests.
*Weighted for Population.



- **Observations**:
  1. Relatively higher IgG, higher IFR, lower CIR (when compared with Karnataka state estimates).
  2. Despite going through surge in cases in the past, district seems to be detecting cases and areas of circulation well.
  3. High IgG with high IFR means that there is reliable reporting of deaths.

- **Recommendations**:
  1. The district should continue with current practices.
  2. The district can mentor neighbouring districts/areas on best practices.
  3. Death audits can be strengthened to guide efficient clinical management.
     - Improve clinical management: STPs
  4. Sensitise the community regarding preventable causes of death.

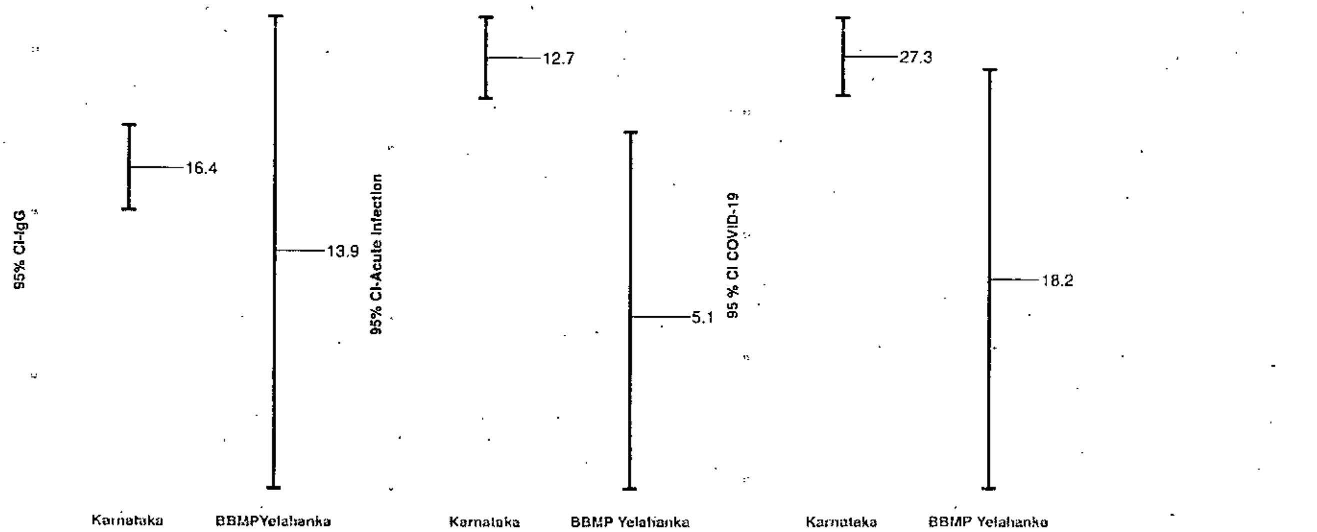
- **Resources**: For questions, clarifications, and suggestions please email karnatakaserosurvey@gmail.com.

Sentinel survey for estimating COVID-19 burden in Karnataka, Round-1.

District Summary Report : BBMP-Yelahanka

Unit	Samples taken for Analysis	%-IgG Prevalence@ (95%-CI)	%-Acute Infection@ (95%-CI)	%-COVID-19 Prevalence@ (95%-CI)	Estimated Infection	Case to Infection Ratio	Infecti Fatalit Rate
Karnataka*	15624	16.4 (15.1-17.7)	12.7 (11.5-13.9)	27.3 (25.7-28.9)	19321334	1 : 40	0.05 %
BBMP-Yelahanka	339	13.9 (6.6-21.1)	5.1 (0-10.5)	18.2 (9.6-26.8)	120182	1 : 10	0.09 %

@Adjusted for Sensitivity and Specificity of the RAT, RTPCR, and Antibody tests.
*Weighted for Population.



- **Observations**:
  1. Relatively lower IgG, higher IFR, lower CIR (when compared with Karnataka state estimates).
  2. The district is yet to see surge in cases.
  3. High proportion of deaths due to COVID-19 in the early phase of the outbreak.
     - Death reporting is reliable.
     - Awareness might be low.
     - Clinical management may be an issue to be addressed.

- **Recommendations**:
  1. Focus on clinical management as the district is seeing a higher number of COVID-19 deaths without a surge in cases.
     - Improve clinical management: STPs.
  2. Death audits should guide efficient clinical management.
  3. Sensitise the community regarding preventable causes of death.

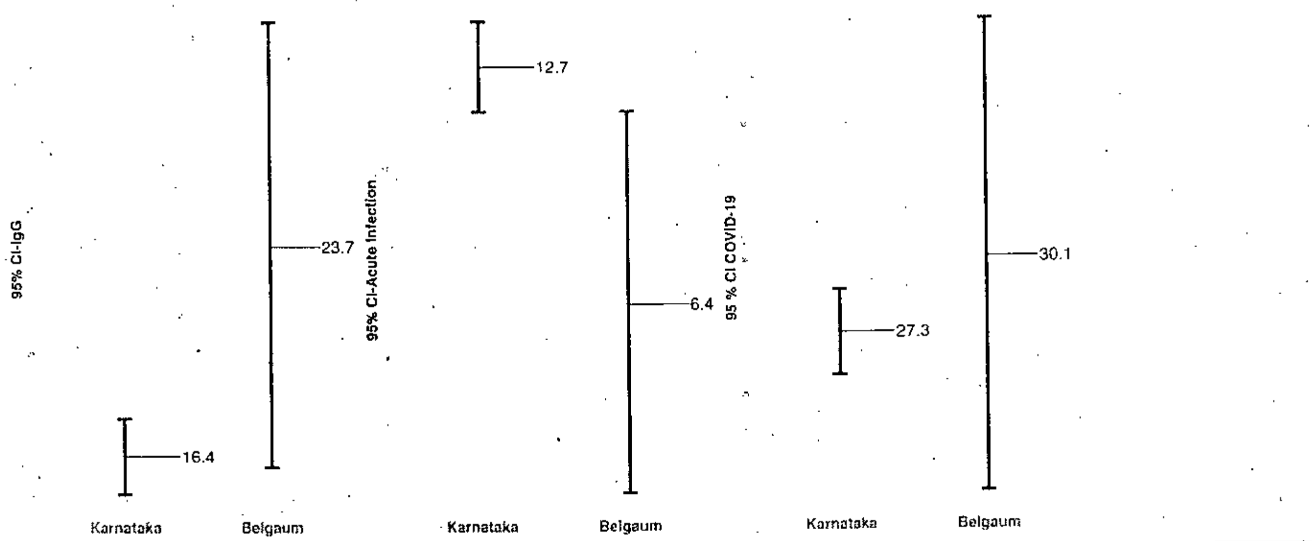
- **Resources**: For questions, clarifications, and suggestions please email karnatakaserosurvey@gmail.com

Sentinel survey for estimating COVID-19 burden in Karnataka, Round-1.

District Summary Report : Belgaum

Unit	Samples taken for Analysis	%-IgG Prevalence@ (95%-CI)	%-Acute Infection@ (95%-CI)	%-COVID-19 Prevalence@ (95%-CI)	Estimated Infection	Case to Infection Ratio	Infecti Fatalit Rate
Karnataka*	15624	16.4 (15.1-17.7)	12.7 (11.5-13.9)	27.3 (25.7-28.9)	19321334	1 : 40	0.05 %
Belgaum	430	23.7 (16-31.5)	6.4 (1.4-11.5)	30.1 (21.4-38.9)	1611769	1 : 95	0.02 %

@Adjusted for Sensitivity and Specificity of the RAT, RTPCR, and Antibody tests.
*Weighted for Population.



- **Observations:**
  1. Relatively higher IgG, lower IFR, higher CIR (when compared with Karnataka state estimates).
  2. High IgG and high CIR in district is a clear indication that cases or areas of circulation have been missed. Testing policy needs review.
  3. High IgG and low IFR means that there is under-reporting of deaths.

- **Recommendations:**
  1. There is an urgent need to review testing policy and strengthen testing levels.
  2. Verbal autopsy should be a priority in this district.
  3. Death audits should be strengthened to guide efficient clinical management.
  4. Improve clinical management: STPs.
  5. Sensitise the community regarding COVID-19, treatment, and preventable causes of death.

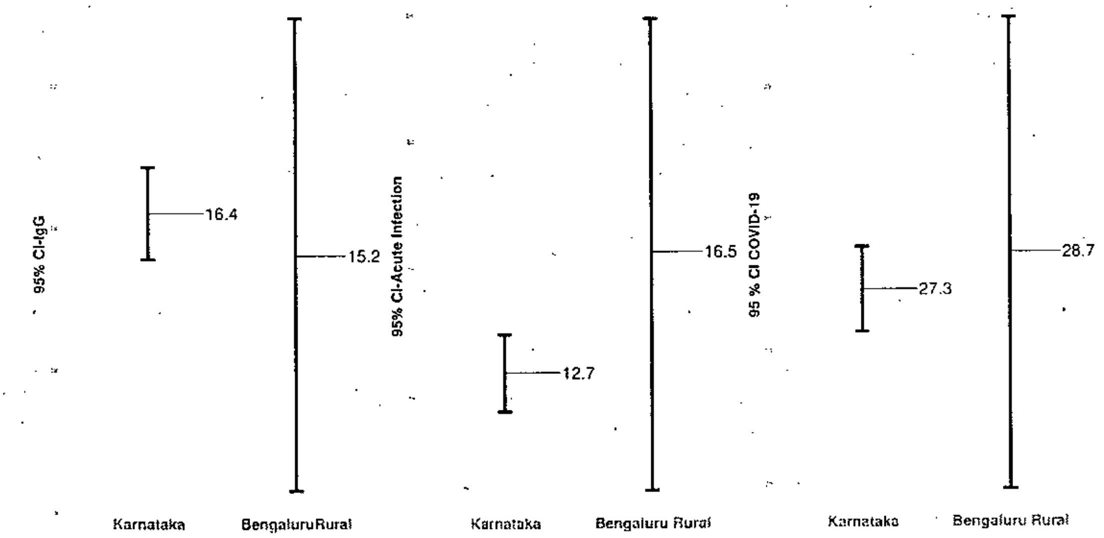
- **Resources:** For questions, clarifications, and suggestions please email karnatakaserosurvey@gmail.com

Sentinel survey for estimating COVID-19 burden in Karnataka, Round-1.

District Summary Report : Bengaluru-Rural

Unit	Samples taken for Analysis	%-IgG Prevalence@ (95%-CI)	%-Acute Infection@ (95%-CI)	%-COVID-19 Prevalence@ (95%-CI)	Estimated Infection	Case to Infection Ratio	Infecti Fatalit Rate
Karnataka*	15624	16.4 (15.1-17.7)	12.7 (11.5-13.9)	27.3 (25.7-28.9)	19321334	1 : 40	0.05 %
Bengaluru-Rural	432	15.2 (8.6-21.9)	16.5 (9-23.9)	28.7 (19.8-37.6)	327092	1 : 46	0.02 %

@Adjusted for Sensitivity and Specificity of the RAT, RTPCR, and Antibody tests.
*Weighted for Population.



- **Observations**:
  1. Relatively lower IgG, lower IFR, higher CIR (when compared with Karnataka state estimates).
  2. High CIR means cases or areas of circulation have been missed. Testing policy needs a review.
  3. Low IFR means that either there are fewer deaths or there is under-reporting.

- **Recommendations**:
  1. State/District should review testing policy and increase testing levels.
  2. Verbal autopsy and Death audits can be strengthened to guide efficient clinical management.
  3. Improve clinical management: STPs.
  4. Sensitise the community regarding COVID-19, treatment and preventable causes of death.

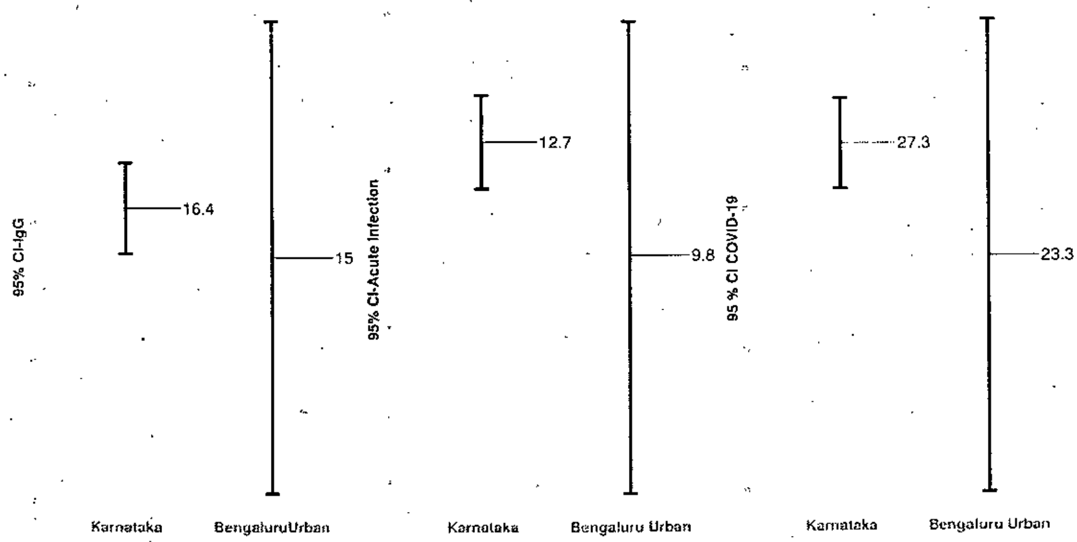
- **Resources**: For questions, clarifications, and suggestions please email karnatakaserosurvey@gmail.com

Sentinel survey for estimating COVID-19 burden in Karnataka, Round-1.

District Summary Report : Bengaluru-Urban

Unit	Samples taken for Analysis	%-IgG Prevalence@ (95%-CI)	%-Acute Infection@ (95%-CI)	%-COVID-19 Prevalence@ (95%-CI)	Estimated Infection	Case to Infection Ratio	Infecti Fatalit Rate
Karnataka*	15624	16.4 (15.1-17.7)	12.7 (11.5-13.9)	27.3 (25.7-28.9)	19321334	1 : 40	0.05 %
Bengaluru-Urban	406	15 (8.2-21.8)	9.8 (3.7-15.8)	23.3 (14.9-31.7)	250886	1 : 10	0.1 %

@Adjusted for Sensitivity and Specificity of the RAT, RTPCR, and Antibody tests.
*Weighted for Population.



- **Observations**:
  1. Relatively lower IgG, higher IFR, lower CIR (when compared with Karnataka state estimates).
  2. The district is yet to see surge in cases.
  3. High proportion of deaths due to COVID-19 in the early phase of the outbreak.
     - Death reporting is reliable.
     - Awareness might be low.
     - Clinical management may be an issue to be addressed.

- **Recommendations**:
  1. Focus on clinical management as the district is seeing a higher number of COVID-19 deaths without a surge in cases.
     - Improve clinical management: STPs.
  2. Death audits should guide efficient clinical management.
  3. Sensitise the community regarding preventable causes of death.

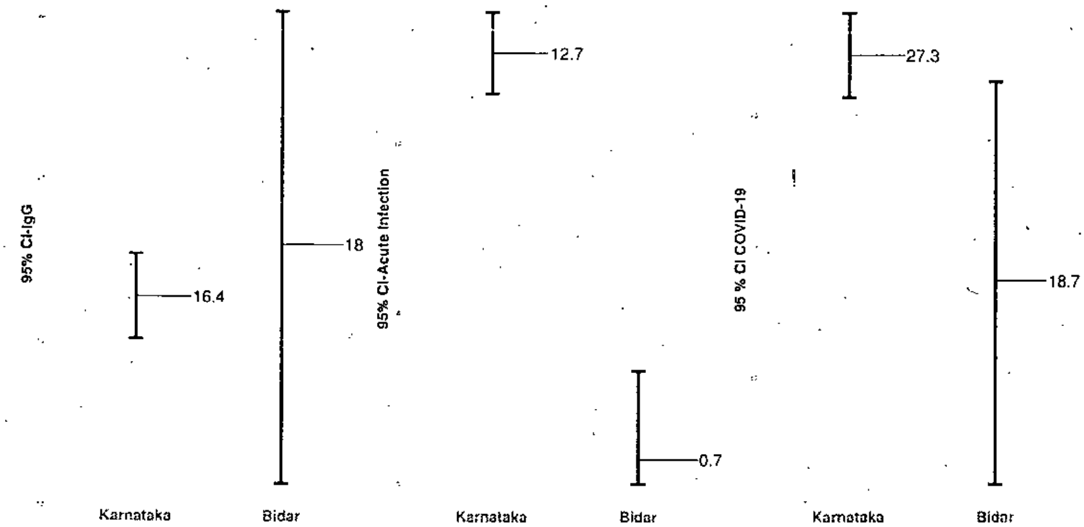
- **Resources**: For questions, clarifications, and suggestions please email karnatakaserosurvey@gmail.com

Sentinel survey for estimating COVID-19 burden in Karnataka, Round-1.

District Summary Report : Bidar

Unit	Samples taken for Analysis	%-IgG Prevalence@ (95%-CI)	%-Acute Infection@ (95%-CI)	%-COVID-19 Prevalence@ (95%-CI)	Estimated Infection	Case to Infection Ratio	Infecti Fatalit Rate
Karnataka*	15624	16.4 (15.1-17.7)	12.7 (11.5-13.9)	27.3 (25.7-28.9)	19321334	1 : 40	0.05 %
Bidar	407	18 (10.7-25.2)	0.7 (0-3.3)	18.7 (11-26.3)	355963	1 : 64	0.04 %

@Adjusted for Sensitivity and Specificity of the RAT, RTPCR, and Antibody tests.
*Weighted for Population.



- **Observations**:
  1. Relatively higher IgG, lower IFR, higher CIR (when compared with Karnataka state estimates).
  2. High IgG and high CIR in district is a clear indication that cases or areas of circulation have been missed. Testing policy needs review.
  3. High IgG and low IFR means that there is under-reporting of deaths.

- **Recommendations**:
  1. There is an urgent need to review testing policy and strengthen testing levels.
  2. Verbal autopsy should be a priority in this district.
  3. Death audits should be strengthened to guide efficient clinical management.
  4. Improve clinical management: STPs.
  5. Sensitise the community regarding COVID-19, treatment, and preventable causes of death.

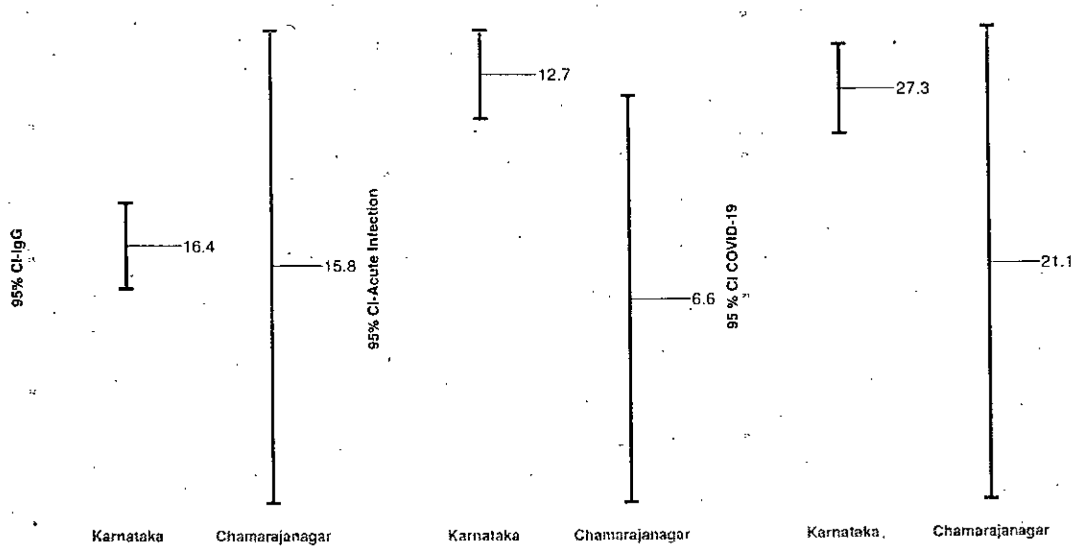
- **Resources**: For questions, clarifications, and suggestions please email karnatakaserosurvey@gmail.com

Sentinel survey for estimating COVID-19 burden in Karnataka, Round-1.

District Summary Report : Chamarajanagar

Unit	Samples taken for Analysis	%-IgG Prevalence@ (95%-CI)	%-Acute Infection@ (95%-CI)	%-COVID-19 Prevalence@ (95%-CI)	Estimated Infection	Case to Infection Ratio	Infecti Fatalit Rate
Karnataka*	15624	16.4 (15.1-17.7)	12.7 (11.5-13.9)	27.3 (25.7-28.9)	19321334	1 : 40	0.05 %
Chamarajanagar	883	15.8 (8.6-22.9)	6.6 (1.1-12.1)	21.1 (12.7-29.5)	227054	1 : 71	0.02 %

@Adjusted for Sensitivity and Specificity of the RAT, RTPCR, and Antibody tests.
*Weighted for Population.



- **Observations**:
  1. Relatively lower IgG, lower IFR, higher CIR (when compared with Karnataka state estimates).
  2. High CIR means cases or areas of circulation have been missed. Testing policy needs a review.
  3. Low IFR means that either there are fewer deaths or there is under-reporting.

- **Recommendations**:
  1. State/District should review testing policy and increase testing levels.
  2. Verbal autopsy and Death audits can be strengthened to guide efficient clinical management.
  3. Improve clinical management: STPs.
  4. Sensitise the community regarding COVID-19, treatment and preventable causes of death.

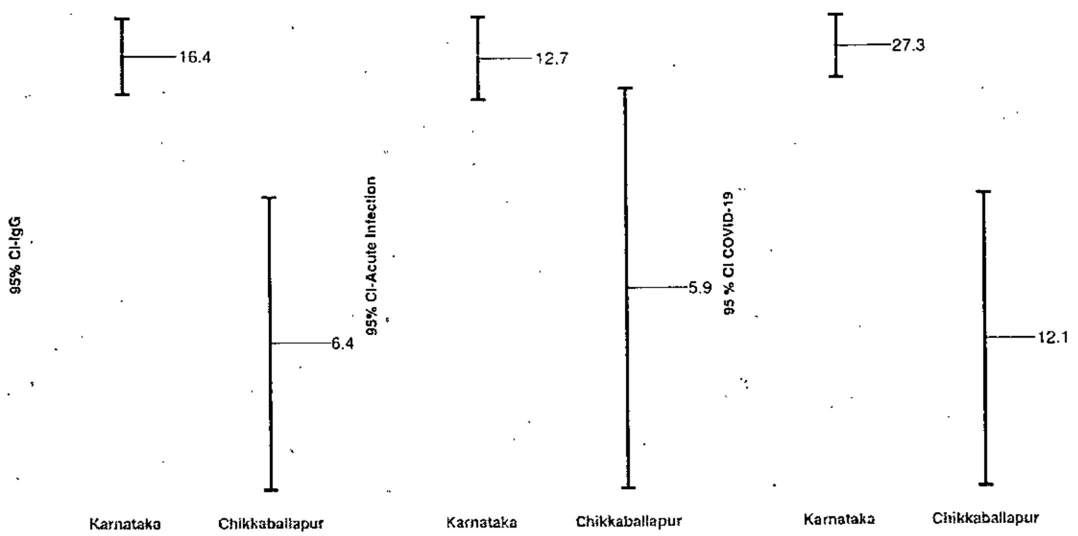
- **Resources**: For questions, clarifications, and suggestions please email karnatakaserosurvey@gmail.com

Sentinel survey for estimating COVID-19 burden in Karnataka, Round-1.

District Summary Report : Chikkaballapur

Unit	Samples taken for Analysis	%-IgG Prevalence@ (95%-CI)	%-Acute Infection@ (95%-CI)	%-COVID-19 Prevalence@ (95%-CI)	Estimated Infection	Case to Infection Ratio	Infecti Fatalit Rate
Karnataka*	15624	16.4 (15.1-17.7)	12.7 (11.5-13.9)	27.3 (25.7-28.9)	19321334	1 : 40	0.05 %
Chikkaballapur	412	6.4 (1.3-11.5)	5.9 (0-11.8)	12.1 (4.5-19.7)	165082	1 : 27	0.07 %

@Adjusted for Sensitivity and Specificity of the RAT, RTPCR, and Antibody tests.
*Weighted for Population.



- **Observations**:
  1. Relatively lower IgG, higher IFR, lower CIR (when compared with Karnataka state estimates).
  2. The district is yet to see surge in cases.
  3. High proportion of deaths due to COVID-19 in the early phase of the outbreak.
     - Death reporting is reliable.
     - Awareness might be low.
     - Clinical management may be an issue to be addressed.

- **Recommendations**:
  1. Focus on clinical management as the district is seeing a higher number of COVID-19 deaths without a surge in cases.
     - Improve clinical management: STPs.
  2. Death audits should guide efficient clinical management.
  3. Sensitise the community regarding preventable causes of death.

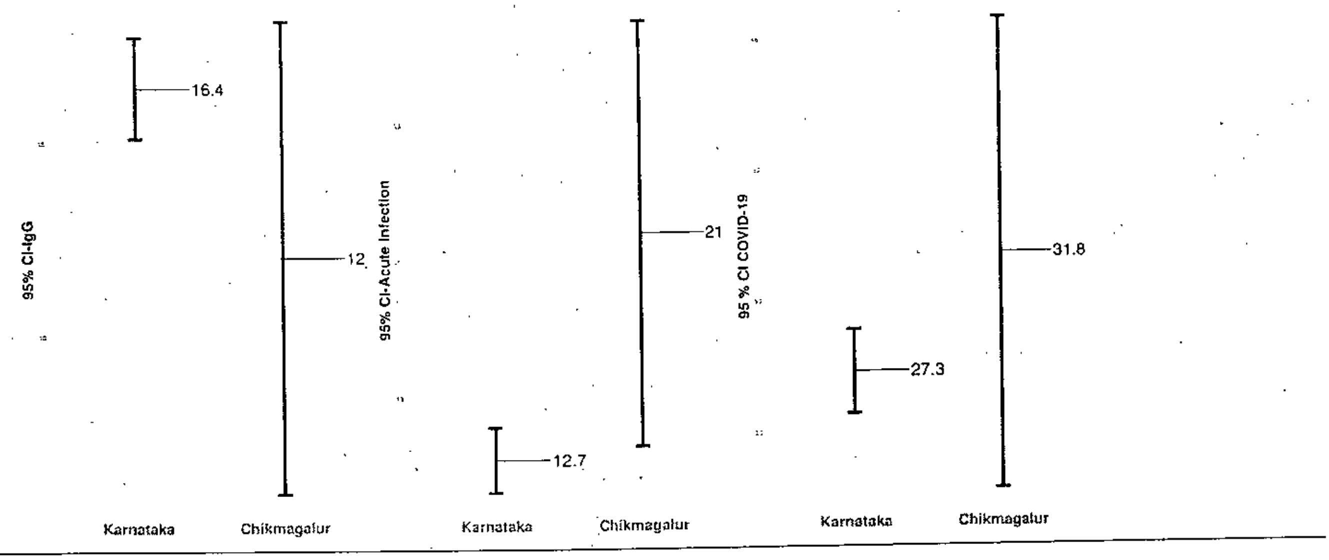
- **Resources**: For questions, clarifications, and suggestions please email karnatakaserosurvey@gmail.com

Sentinel survey for estimating COVID-19 burden in Karnataka, Round-1.

District Summary Report : Chikmagalur

Unit	Samples taken for Analysis	%-IgG Prevalence@ (95%-CI)	%-Acute Infection@ (95%-CI)	%-COVID-19 Prevalence@ (95%-CI)	Estimated Infection	Case to Infection Ratio	Infecti Fatalit Rate
Karnataka*	15624	16.4 (15.1-17.7)	12.7 (11.5-13.9)	27.3 (25.7-28.9)	19321334	1 : 40	0.05 %
Chikmagalur	436	12 (5.9-18.1)	21 (13.2-28.8)	31.8 (22.8-40.8)	361425	1 : 54	0.06 %

@Adjusted for Sensitivity and Specificity of the RAT, RTPCR, and Antibody tests.
*Weighted for Population.



- **Observations**:
  1. Relatively lower IgG, higher IFR, higher CIR (when compared with Karnataka state estimates).
  2. The district is yet to see surge in cases.
  3. High proportion of deaths due to COVID-19 in the early phase of the outbreak.
     - Death reporting is reliable.
     - Awareness might be low. Clinical management may be an issue to be addressed.

- **Recommendations**:
  1. Focus on clinical management as the district is seeing a higher number of COVID-19 deaths without a surge in cases.
     - Improve clinical management: STPs.
  2. Death audits should guide efficient clinical management.
  3. Sensitise the community regarding preventable causes of death.

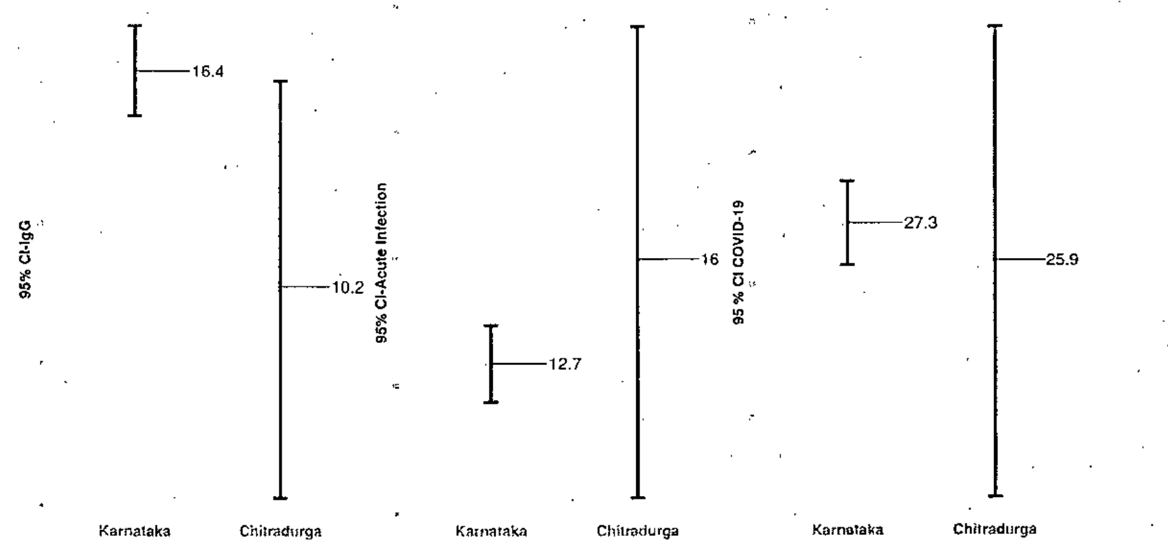
- **Resources**: For questions, clarifications, and suggestions please email karnatakaserosurvey@gmail.com

Sentinel survey for estimating COVID-19 burden in Karnataka, Round-1.

District Summary Report : Chitradurga

Unit	Samples taken for Analysis	%-IgG Prevalence@ (95%-CI)	%-Acute Infection@ (95%-CI)	%-COVID-19 Prevalence@ (95%-CI)	Estimated Infection	Case to Infection Ratio	Infecti Fatalit Rate
Karnataka*	15624	16.4 (15.1-17.7)	12.7 (11.5-13.9)	27.3 (25.7-28.9)	19321334	1 : 40	0.05 %
Chitradurga	411	10.2 (4.2-16.1)	16 (8.5-23.4)	25.9 (17-34.8)	467031	1 : 85	0.01 %

@Adjusted for Sensitivity and Specificity of the RAT, RTPCR, and Antibody tests.
*Weighted for Population.



- **Observations**:
  1. Relatively lower IgG, lower IFR, higher CIR (when compared with Karnataka state estimates).
  2. High CIR means cases or areas of circulation have been missed. Testing policy needs a review.
  3. Low IFR means that either there are fewer deaths or there is under-reporting.

- **Recommendations**:
  1. State/District should review testing policy and increase testing levels.
  2. Verbal autopsy and Death audits can be strengthened to guide efficient clinical management.
  3. Improve clinical management: STPs.
  4. Sensitise the community regarding COVID-19, treatment and preventable causes of death.

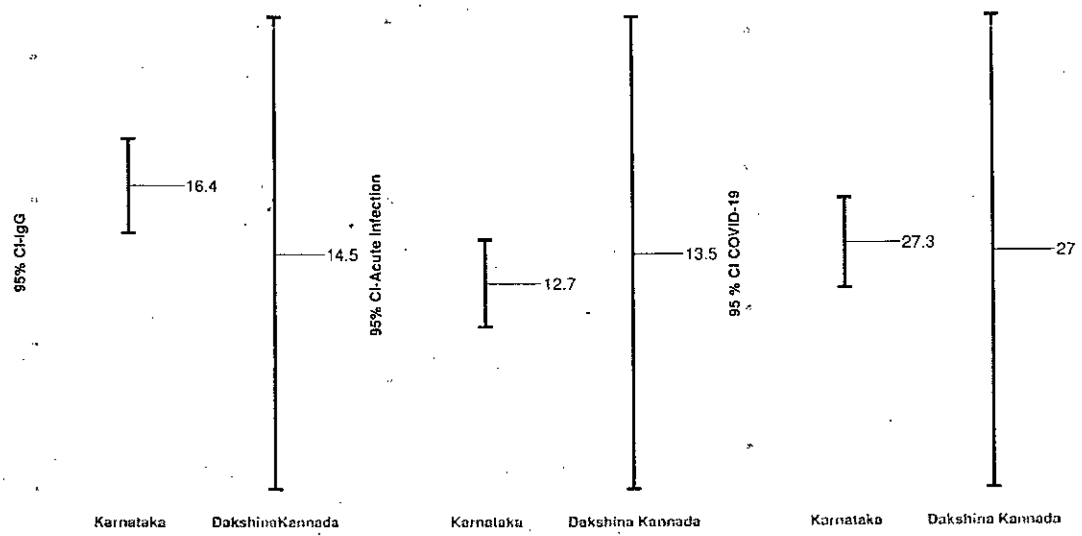
- **Resources**: For questions, clarifications, and suggestions please email karnatakaserosurvey@gmail.com

Sentinel survey for estimating COVID-19 burden in Karnataka, Round-1.

District Summary Report : Dakshina-Kannada

Unit	Samples taken for Analysis	%-IgG Prevalence@ (95%-CI)	%-Acute Infection@ (95%-CI)	%-COVID-19 Prevalence@ (95%-CI)	Estimated Infection	Case to Infection Ratio	Infecti Fatalit Rate
Karnataka*	15624	16.4 (15.1-17.7)	12.7 (11.5-13.9)	27.3 (25.7-28.9)	19321334	1 : 40	0.05 %
Dakshina-Kannada	430	14.5 (8-21.1)	13.5 (7-20.1)	27 (18.5-35.5)	630499	1 : 34	0.11 %

@Adjusted for Sensitivity and Specificity of the RAT, RTPCR, and Antibody tests.
*Weighted for Population.



- **Observations**:
  1. Relatively lower IgG, higher IFR, lower CIR (when compared with Karnataka state estimates).
  2. The district is yet to see surge in cases.
  3. High proportion of deaths due to COVID-19 in the early phase of the outbreak.
     - Death reporting is reliable.
     - Awareness might be low.
     - Clinical management may be an issue to be addressed.

- **Recommendations**:
  1. Focus on clinical management as the district is seeing a higher number of COVID-19 deaths without a surge in cases.
     - Improve clinical management: STPs.
  2. Death audits should guide efficient clinical management.
  3. Sensitise the community regarding preventable causes of death.

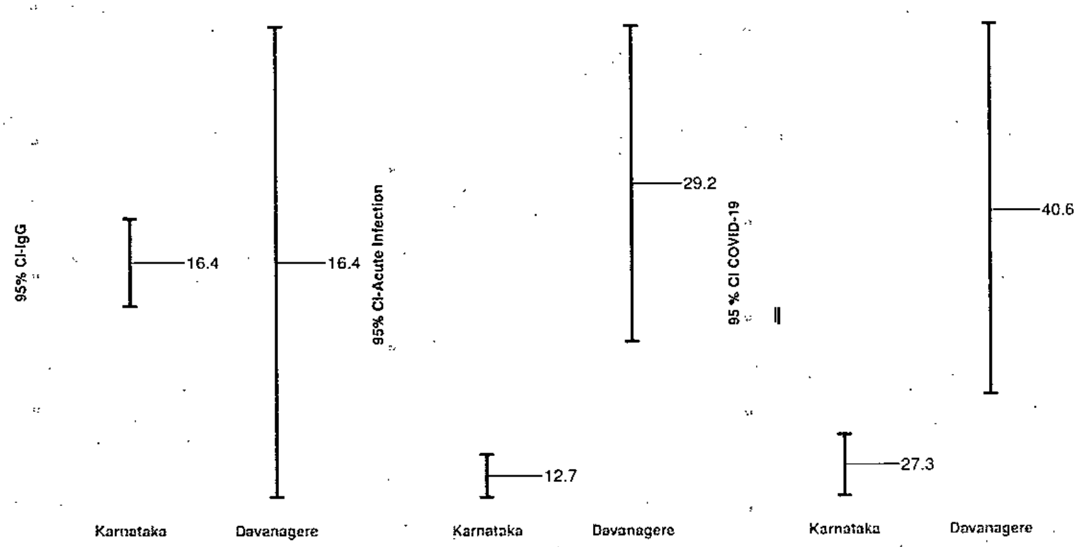
- **Resources**: For questions, clarifications, and suggestions please email karnatakaserosurvey@gmail.com

Sentinel survey for estimating COVID-19 burden in Karnataka, Round-1.

District Summary Report : Davanagere

Unit	Samples taken for Analysis	%-IgG Prevalence@ (95%-CI)	%-Acute Infection@ (95%-CI)	%-COVID-19 Prevalence@ (95%-CI)	Estimated Infection	Case to Infection Ratio	Infecti Fatalit Rate
Karnataka*	15624	16.4 (15.1-17.7)	12.7 (11.5-13.9)	27.3 (25.7-28.9)	19321334	1 : 40	0.05 %
Davanagere	412	16.4 (9.4-23.4)	29.2 (20.3-38.1)	40.6 (31-50.3)	853580	1 : 62	0.06 %

@Adjusted for Sensitivity and Specificity of the RAT, RTPCR, and Antibody tests.
*Weighted for Population.



- **Observations**:
  1. Relatively lower IgG, higher IFR, higher CIR (when compared with Karnataka state estimates).
  2. The district is yet to see surge in cases.
  3. High proportion of deaths due to COVID-19 in the early phase of the outbreak.
     - Death reporting is reliable.
     - Awareness might be low. Clinical management may be an issue to be addressed.

- **Recommendations**:
  1. Focus on clinical management as the district is seeing a higher number of COVID-19 deaths without a surge in cases.
     - Improve clinical management: STPs.
  2. Death audits should guide efficient clinical management.
  3. Sensitise the community regarding preventable causes of death.

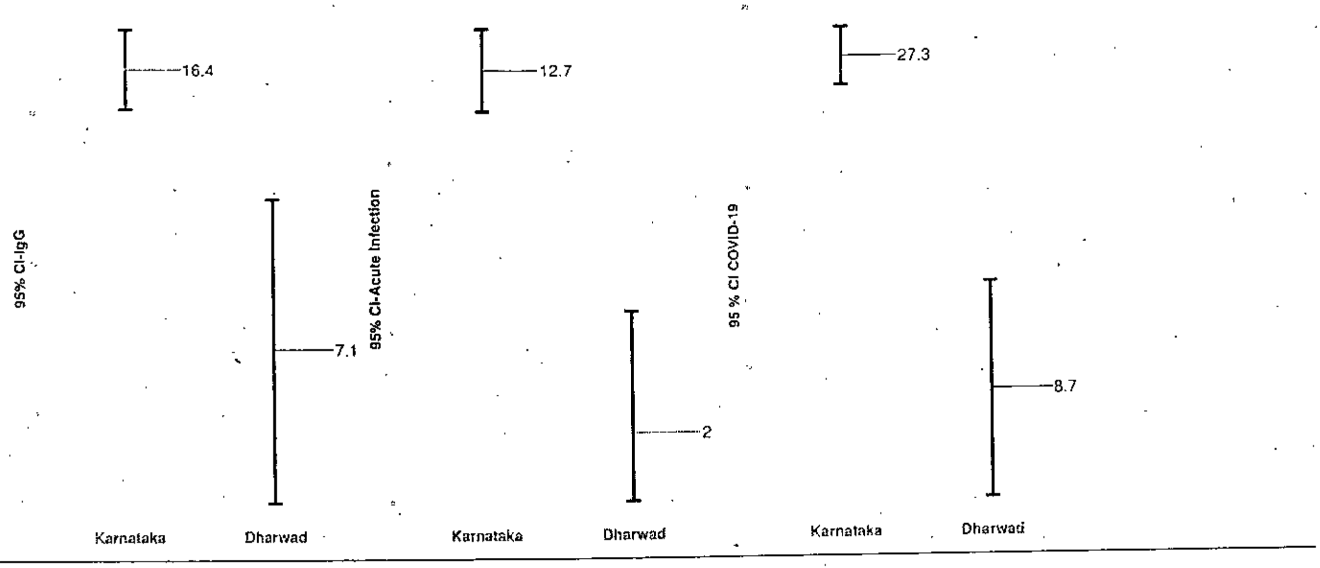
- **Resources**: For questions, clarifications, and suggestions please email karnatakaserosurvey@gmail.com

Sentinel survey for estimating COVID-19 burden in Karnataka, Round-1.

District Summary Report : Dharwad

Unit	Samples taken for Analysis	%-IgG Prevalence@ (95%-CI)	%-Acute Infection@ (95%-CI)	%-COVID-19 Prevalence@ (95%-CI)	Estimated Infection	Case to Infection Ratio	Infecti Fatalit Rate
Karnataka*	15624	16.4 (15.1-17.7)	12.7 (11.5-13.9)	27.3 (25.7-28.9)	19321334	1 : 40	0.05 %
Dharwad	440	7.1 (2-12.1)	2 (0-5.6)	8.7 (2.7-14.7)	182654	1 : 12	0.23 %

@Adjusted for Sensitivity and Specificity of the RAT, RTPCR, and Antibody tests.
*Weighted for Population.



- **Observations:**
  1. Relatively lower IgG, higher IFR, lower CIR (when compared with Karnataka state estimates).
  2. The district is yet to see surge in cases.
  3. High proportion of deaths due to COVID-19 in the early phase of the outbreak.
     - Death reporting is reliable.
     - Awareness might be low.
     - Clinical management may be an issue to be addressed.

- **Recommendations:**
  1. Focus on clinical management as the district is seeing a higher number of COVID-19 deaths without a surge in cases.
     - Improve clinical management: STPs.
  2. Death audits should guide efficient clinical management.
  3. Sensitise the community regarding preventable causes of death.

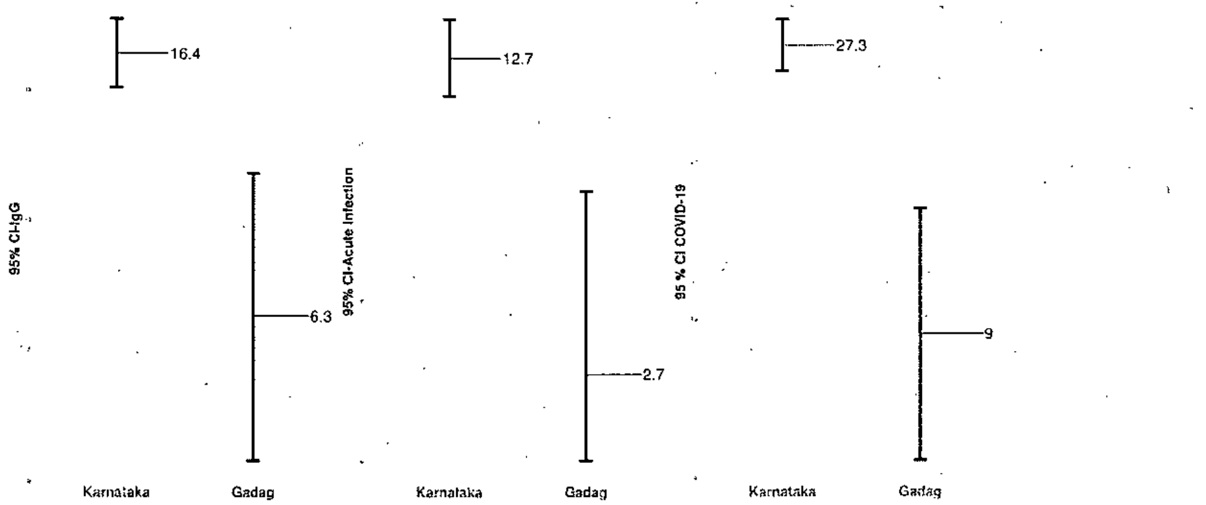
- **Resources:** For questions, clarifications, and suggestions please email karnatakaserosurvey@gmail.com

Sentinel survey for estimating COVID-19 burden in Karnataka, Round-1.

District Summary Report : Gadag

Unit	Samples taken for Analysis	%-IgG Prevalence@ (95%-CI)	%-Acute Infection@ (95%-CI)	%-COVID-19 Prevalence@ (95%-CI)	Estimated Infection	Case to Infection Ratio	Infection Fatality Rate
Karnataka*	15624	16.4 (15.1-17.7)	12.7 (11.5-13.9)	27.3 (25.7-28.9)	19321334	1 : 40	0.05 %
Gadag	341	6.3 (0.8-11.8)	2.7 (0-8.5)	9 (1.1-17)	104140	1 : 13	0.12 %

@Adjusted for Sensitivity and Specificity of the RAT, RTPCR, and Antibody tests.
*Weighted for Population.



- **Observations:**
  1. Relatively lower IgG, higher IFR, lower CIR (when compared with Karnataka state estimates).
  2. The district is yet to see surge in cases.
  3. High proportion of deaths due to COVID-19 in the early phase of the outbreak.
     - Death reporting is reliable.
     - Awareness might be low.
     - Clinical management may be an issue to be addressed.

- **Recommendations:**
  1. Focus on clinical management as the district is seeing a higher number of COVID-19 deaths without a surge in cases.
     - Improve clinical management: STPs.
  2. Death audits should guide efficient clinical management.
  3. Sensitise the community regarding preventable causes of death.

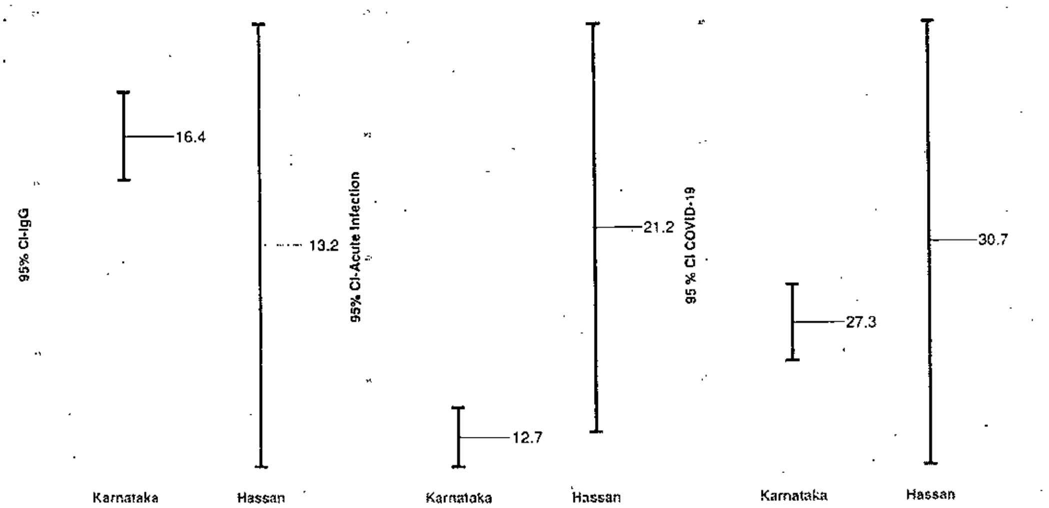
- **Resources:** For questions, clarifications, and suggestions please email karnatakaserosurvey@gmail.com

Sentinel survey for estimating COVID-19 burden in Karnataka, Round-1.

District Summary Report : Hassan

Unit	Samples taken for Analysis	%-IgG Prevalence@ (95%-CI)	%-Acute Infection@ (95%-CI)	%-COVID-19 Prevalence@ (95%-CI)	Estimated Infection	Case to Infection Ratio	Infection Fatality Rate
Karnataka*	15624	16.4 (15.1-17.7)	12.7 (11.5-13.9)	27.3 (25.7-28.9)	19321334	1 : 40	0.05 %
Hassan	410	13.2 (6.7-19.7)	21.2 (12.9-29.5)	30.7 (21.3-40)	564948	1 : 44	0.08 %

@Adjusted for Sensitivity and Specificity of the RAT, RTPCR, and Antibody tests.
*Weighted for Population.



- Observations:
  1. Relatively lower IgG, higher IFR, higher CIR (when compared with Karnataka state estimates).
  2. The district is yet to see surge in cases.
  3. High proportion of deaths due to COVID-19 in the early phase of the outbreak.
     - Death reporting is reliable.
     - Awareness might be low. Clinical management may be an issue to be addressed.

- **Recommendations**:
  1. Focus on clinical management as the district is seeing a higher number of COVID-19 deaths without a surge in cases.
     - Improve clinical management: STPs.
  2. Death audits should guide efficient clinical management.
  3. Sensitise the community regarding preventable causes of death.

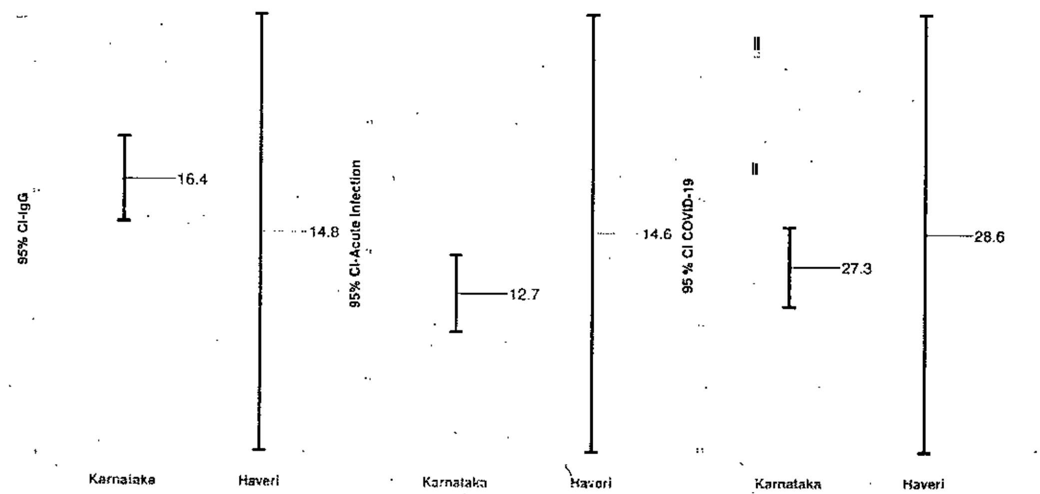
- **Resources**: For questions, clarifications, and suggestions please email karnatakaserosurvey@gmail.com

Sentinel survey for estimating COVID-19 burden in Karnataka, Round-1.

District Summary Report : Haveri

Unit	Samples taken for Analysis	%-IgG Prevalence@ (95%-CI)	%-Acute Infection@ (95%-CI)	%-COVID-19 Prevalence@ (95%-CI)	Estimated Infection	Case to Infection Ratio	Infection Fatality Rate
Karnataka*	15624	16.4 (15.1-17.7)	12.7 (11.5-13.9)	27.3 (25.7-28.9)	19321334	1 : 40	0.05 %
Haveri	417	14.8 (8.1-21.5)	14.6 (7.8-21.4)	28.6 (19.9-37.4)	503099	1 : 71	0.04 %

@Adjusted for Sensitivity and Specificity of the RAT, RTPCR, and Antibody tests.
*Weighted for Population.



- **Observations**:
  1. Relatively lower IgG, lower IFR, higher CIR (when compared with Karnataka state estimates).
  2. High CIR means cases or areas of circulation have been missed. Testing policy needs a review.
  3. Low IFR means that either there are fewer deaths or there is under-reporting.

- **Recommendations**:
  1. State/District should review testing policy and increase testing levels.
  2. Verbal autopsy and Death audits can be strengthened to guide efficient clinical management.
  3. Improve clinical management: STPs.
  4. Sensitise the community regarding COVID-19, treatment and preventable causes of death.

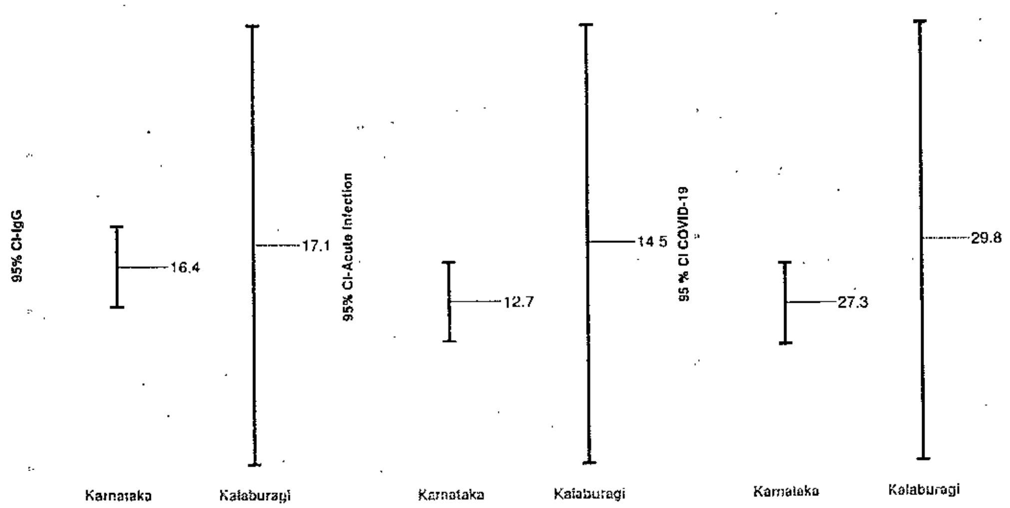
- **Resources**: For questions, clarifications, and suggestions please email karnatakaserosurvey@gmail.com

Sentinel survey for estimating COVID-19 burden in Karnataka, Round-1.

District Summary Report : Kalaburagi

Unit	Samples taken for Analysis	%-IgG Prevalence@ (95%-CI)	%-Acute Infection@ (95%-CI)	%-COVID-19 Prevalence@ (95%-CI)	Estimated Infection	Case to Infection Ratio	Infection Fatality Rate
Karnataka*	15624	16.4 (15.1-17.7)	12.7 (11.5-13.9)	27.3 (25.7-28.9)	19321334	1 : 40	0.05 %
Kalaburagi	425	17.1 (10.1-24.1)	14.5 (7.8-21.1)	29.8 (21.1-38.4)	886977	1 : 59	0.04 %

@Adjusted for Sensitivity and Specificity of the RAT, RTPCR, and Antibody tests.
*Weighted for Population.



- **Observations**:
  1. Relatively higher IgG, lower IFR, higher CIR (when compared with Karnataka state estimates).
  2. High IgG and high CIR in district is a clear indication that cases or areas of circulation have been missed. Testing policy needs review.
  3. High IgG and low IFR means that there is under-reporting of deaths.

- **Recommendations**:
  1. There is an urgent need to review testing policy and strengthen testing levels.
  2. Verbal autopsy should be a priority in this district.
  3. Death audits should be strengthened to guide efficient clinical management.
  4. Improve clinical management: STPs.
  5. Sensitise the community regarding COVID-19, treatment, and preventable causes of death.

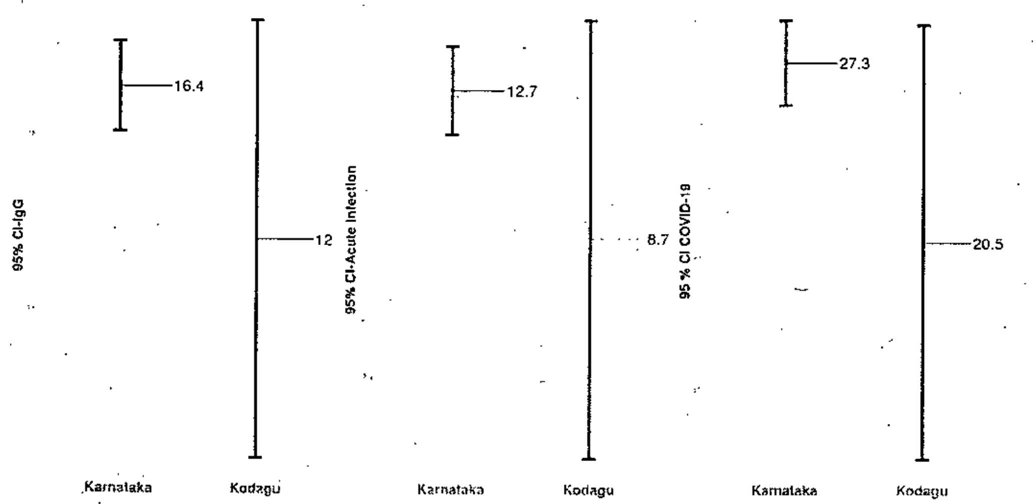
- **Resources**: For questions, clarifications, and suggestions please email karnatakaserosurvey@gmail.com

Sentinel survey for estimating COVID-19 burden in Karnataka, Round-1.

District Summary Report : Kodagu

Unit	Samples taken for Analysis	%-IgG Prevalence@ (95%-CI)	%-Acute Infection@ (95%-CI)	%-COVID-19 Prevalence@ (95%-CI)	Estimated Infection	Case to Infection Ratio	Infection Fatality Rate
Karnataka*	15624	16.4 (15.1-17.7)	12.7 (11.5-13.9)	27.3 (25.7-28.9)	19321334	1 : 40	0.05 %
Kodagu	412	12 (5.8-18.3)	8.7 (2.8-14.6)	20.5 (12.4-28.7)	114963	1 : 55	0.03 %

@Adjusted for Sensitivity and Specificity of the RAT, RTPCR, and Antibody tests.
*Weighted for Population.



- **Observations**:
  1. Relatively lower IgG, lower IFR, higher CIR (when compared with Karnataka state estimates).
  2. High CIR means cases or areas of circulation have been missed. Testing policy needs a review.
  3. Low IFR means that either there are fewer deaths or there is under-reporting.

- **Recommendations**:
  1. State/District should review testing policy and increase testing levels.
  2. Verbal autopsy and Death audits can be strengthened to guide efficient clinical management.
  3. Improve clinical management: STPs.
  4. Sensitise the community regarding COVID-19, treatment and preventable causes of death.

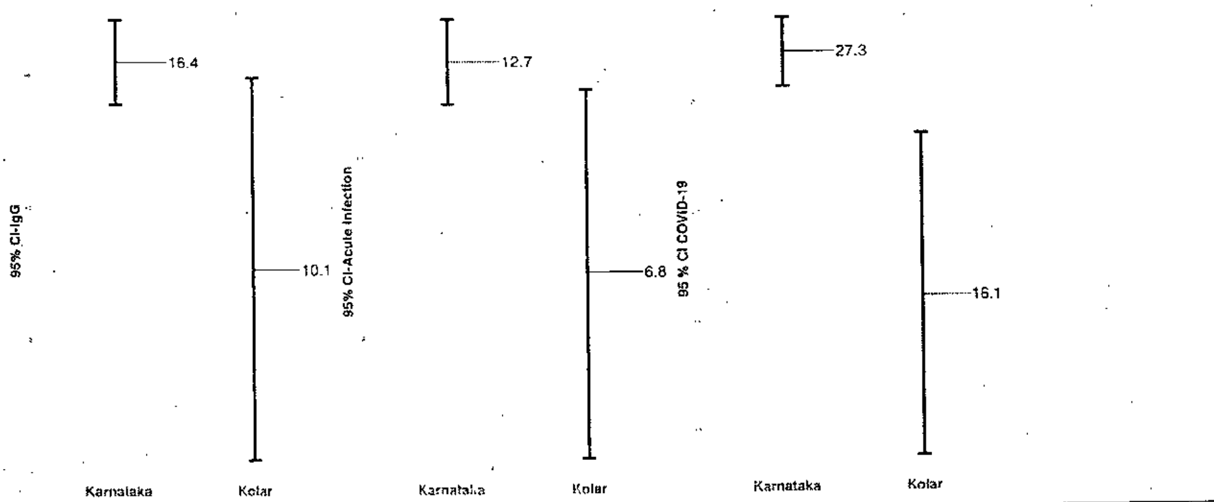
- **Resources**: For questions, clarifications, and suggestions please email karnatakaserosurvey@gmail.com

Sentinel survey for estimating COVID-19 burden in Karnataka, Round-1.

District Summary Report : Kolar

Unit	Samples taken for Analysis	%-IgG Prevalence@ (95%-CI)	%-Acute Infection@ (95%-CI)	%-COVID-19 Prevalence@ (95%-CI)	Estimated Infection	Case to Infection Ratio	Infection Fatality Rate
Karnataka*	15624	16.4 (15.1-17.7)	12.7 (11.5-13.9)	27.3 (25.7-28.9)	19321334	1 : 40	0.05 %
Kolar	431	10.1 (4.3-15.9)	6.8 (1.6-11.9)	16.1 (8.8-23.5)	273049	1 : 58	0.04 %

@Adjusted for Sensitivity and Specificity of the RAT, RTPCR, and Antibody tests.
*Weighted for Population.



- **Observations**:
  1. Relatively lower IgG, lower IFR, higher CIR (when compared with Karnataka state estimates).
  2. High CIR means cases or areas of circulation have been missed. Testing policy needs a review.
  3. Low IFR means that either there are fewer deaths or there is under-reporting.

- **Recommendations**:
  1. State/District should review testing policy and increase testing levels.
  2. Verbal autopsy and Death audits can be strengthened to guide efficient clinical management.
  3. Improve clinical management: STPs.
  4. Sensitise the community regarding COVID-19, treatment and preventable causes of death.

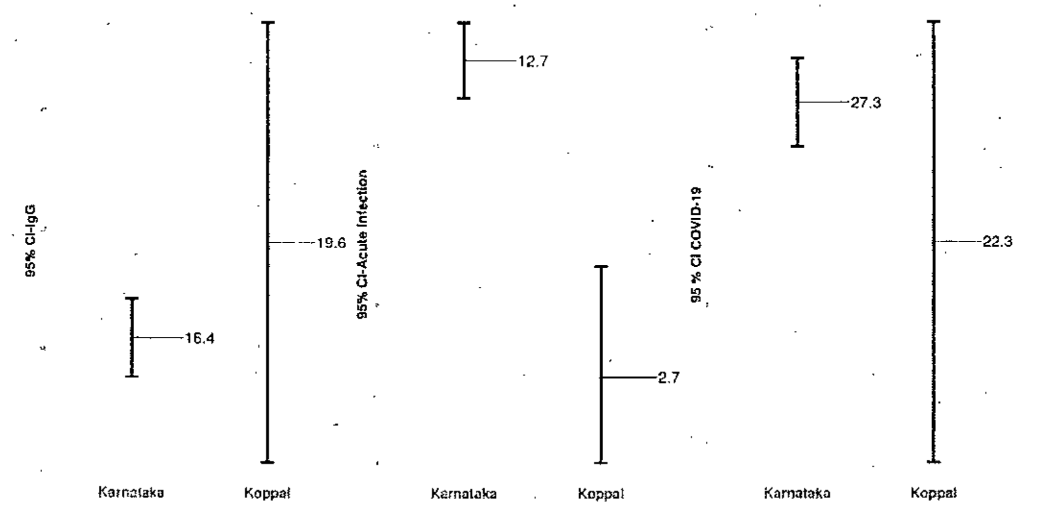
- **Resources**: For questions, clarifications, and suggestions please email karnatakaserosurvey@gmail.com

Sentinel survey for estimating COVID-19 burden in Karnataka, Round-1.

District Summary Report : Koppal

Unit	Samples taken for Analysis	%-IgG Prevalence@ (95%-CI)	%-Acute Infection@ (95%-CI)	%-COVID-19 Prevalence@ (95%-CI)	Estimated Infection	Case to Infection Ratio	Infection Fatality Rate
Karnataka*	15624	16.4 (15.1-17.7)	12.7 (11.5-13.9)	27.3 (25.7-28.9)	19321334	1 : 40	0.05 %
Koppal	427	19.6 (12.3-26.9)	2.7 (0-6.2)	22.3 (14.3-30.2)	355495	1 : 38	0.04 %

@Adjusted for Sensitivity and Specificity of the RAT, RTPCR, and Antibody tests.
*Weighted for Population.



- **Observations:**
  1. Relatively higher IgG, lower IFR, lower CIR (when compared with Karnataka state estimates).
  2. The district has had a surge in cases in the past.
  3. Under-reporting of COVID-19 deaths is a possibility.

- **Recommendations:**
  1. Death reporting can be improved via:
     - Verbal autopsy.
     - Death audits.

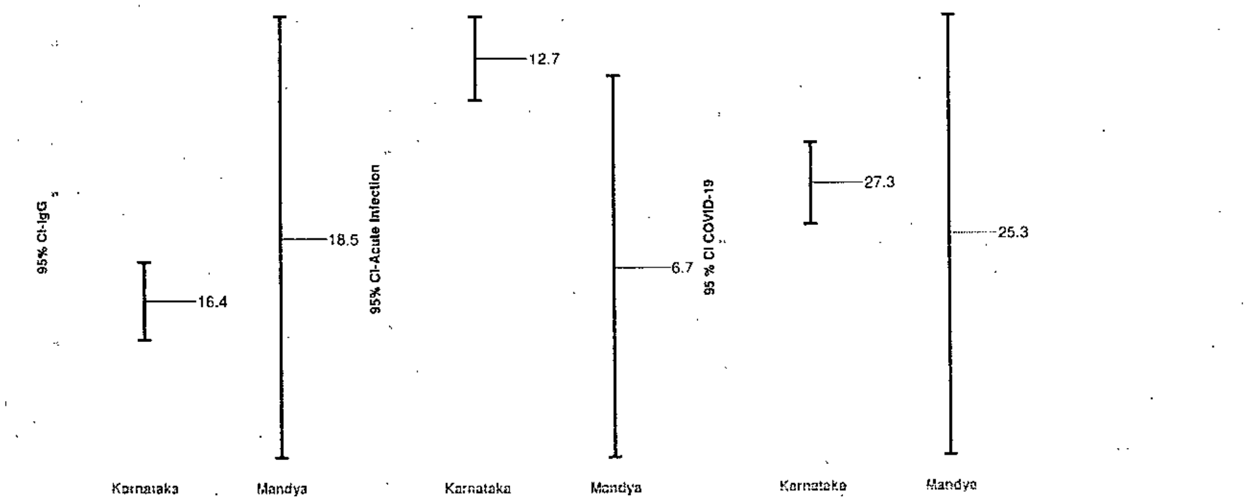
- **Resources:** For questions, clarifications, and suggestions please email karnatakaserosurvey@gmail.com

Sentinel survey for estimating COVID-19 burden in Karnataka, Round-1.

District Summary Report : Mandya

Unit	Samples taken for Analysis	%-IgG Prevalence@ (95%-CI)	%-Acute Infection@ (95%-CI)	%-COVID-19 Prevalence@ (95%-CI)	Estimated Infection	Case to Infection Ratio	Infection Fatality Rate
Karnataka*	15624	16.4 (15.1-17.7)	12.7 (11.5-13.9)	27.3 (25.7-28.9)	19321334	1 : 40	0.05 %
Mandya	414	18.5 (11.2-25.9)	6.7 (1.3-12.2)	25.3 (16.6-33.9)	468436	1 : 54	0.02 %

@Adjusted for Sensitivity and Specificity of the RAT, RTPCR, and Antibody tests.
*Weighted for Population.



- **Observations:**
  1. Relatively higher IgG, lower IFR, higher CIR (when compared with Karnataka state estimates).
  2. High IgG and high CIR in district is a clear indication that cases or areas of circulation have been missed. Testing policy needs review.
  3. High IgG and low IFR means that there is under-reporting of deaths.

- **Recommendations:**
  1. There is an urgent need to review testing policy and strengthen testing levels.
  2. Verbal autopsy should be a priority in this district.
  3. Death audits should be strengthened to guide efficient clinical management.
  4. Improve clinical management: STPs.
  5. Sensitise the community regarding COVID-19, treatment, and preventable causes of death.

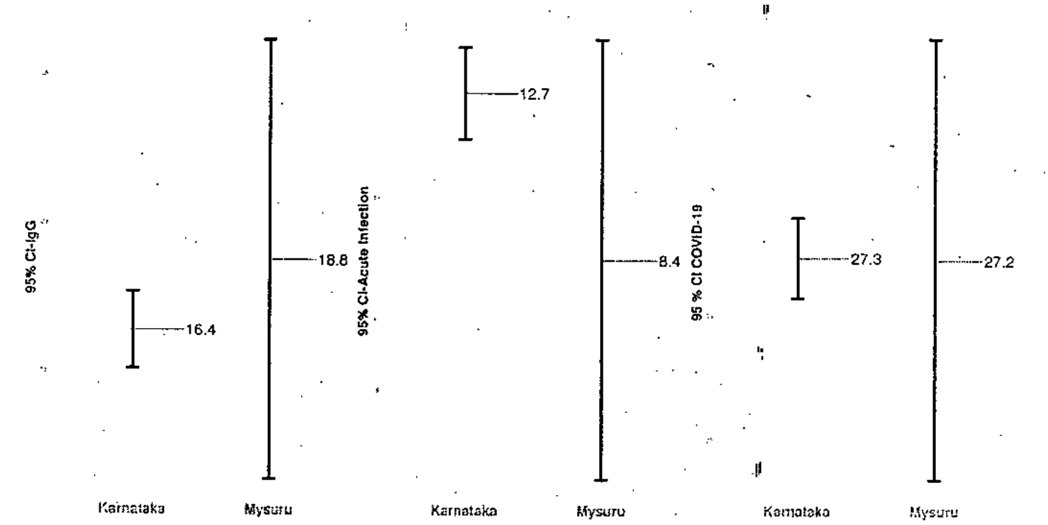
- **Resources:** For questions, clarifications, and suggestions please email karnatakaserosurvey@gmail.com

Sentinel survey for estimating COVID-19 burden in Karnataka, Round-1.

District Summary Report : Mysuru

Unit	Samples taken for Analysis	%-IgG Prevalence@ (95%-CI)	%-Acute Infection@ (95%-CI)	%-COVID-19 Prevalence@ (95%-CI)	Estimated Infection	Case to Infection Ratio	Infection Fatality Rate
Karnataka*	15624	16.4 (15.1-17.7)	12.7 (11.5-13.9)	27.3 (25.7-28.9)	19321334	1 : 40	0.05 %
Mysuru	402	18.8 (11.4-26.2)	8.4 (2.7-14.1)	27.2 (18.4-36)	917989	1 : 33	0.07 %

@Adjusted for Sensitivity and Specificity of the RAT, RTPCR, and Antibody tests.
*Weighted for Population.



- **Observations:**
  1. Relatively higher IgG, higher IFR, lower CIR (when compared with Karnataka state estimates).
  2. Despite going through surge in cases in the past, district seems to be detecting cases and areas of circulation well.
  3. High IgG with high IFR means that there is reliable reporting of deaths.

- **Recommendations:**
  1. The district should continue with current practices.
  2. The district can mentor neighbouring districts/areas on best practices.
  3. Death audits can be strengthened to guide efficient clinical management.
     - Improve clinical management: STPs
  4. Sensitise the community regarding preventable causes of death.

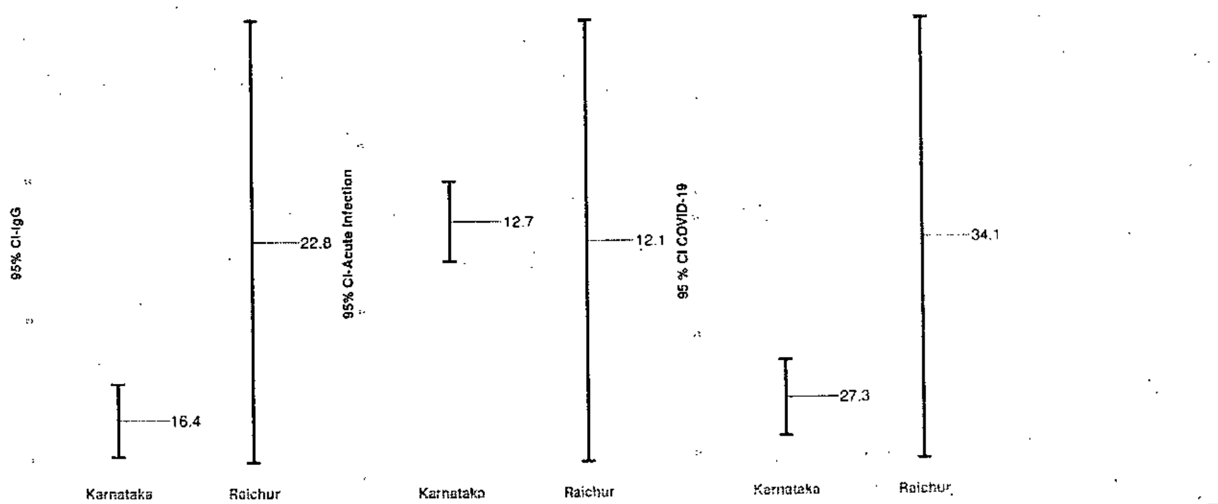
- **Resources:** For questions, clarifications, and suggestions please email karnatakaserosurvey@gmail.com

Sentinel survey for estimating COVID-19 burden in Karnataka, Round-1.

District Summary Report : Raichur

Unit	Samples taken for Analysis	%-IgG Prevalence@ (95%-CI)	%-Acute Infection@ (95%-CI)	%-COVID-19 Prevalence@ (95%-CI)	Estimated Infection	Case to Infection Ratio	Infection Fatality Rate
Karnataka*	15624	16.4 (15.1-17.7)	12.7 (11.5-13.9)	27.3 (25.7-28.9)	19321334	1 : 40	0.05 %
Raichur	404	22.8 (14.9-30.7)	12.1 (5.5-18.7)	34.1 (24.7-43.4)	745933	1 : 76	0.02 %

@Adjusted for Sensitivity and Specificity of the RAT, RTPCR, and Antibody tests.
*Weighted for Population.



- **Observations:**
  1. Relatively higher IgG, lower IFR, higher CIR (when compared with Karnataka state estimates).
  2. High IgG and high CIR in district is a clear indication that cases or areas of circulation have been missed. Testing policy needs review.
  3. High IgG and low IFR means that there is under-reporting of deaths.

- **Recommendations:**
  1. There is an urgent need to review testing policy and strengthen testing levels.
  2. Verbal autopsy should be a priority in this district.
  3. Death audits should be strengthened to guide efficient clinical management.
  4. Improve clinical management: STPs.
  5. Sensitise the community regarding COVID-19, treatment, and preventable causes of death.

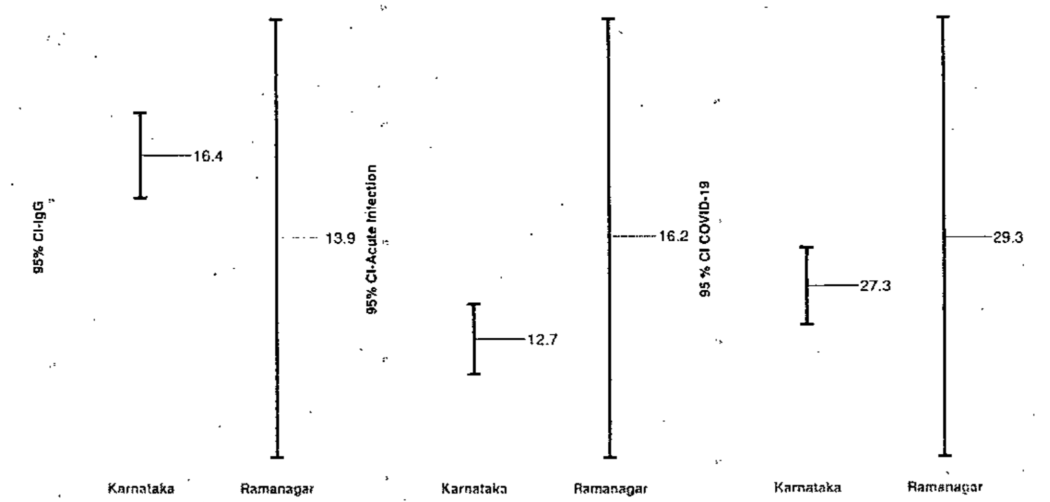
- **Resources:** For questions, clarifications, and suggestions please email karnatakaserosurvey@gmail.com

Sentinel survey for estimating COVID-19 burden in Karnataka, Round-1.

District Summary Report : Ramanagar

Unit	Samples taken for Analysis	%-IgG Prevalence@ (95%-CI)	%-Acute Infection@ (95%-CI)	%-COVID-19 Prevalence@ (95%-CI)	Estimated Infection	Case to Infection Ratio	Infection Fatality Rate
Karnataka*	15624	16.4 (15.1-17.7)	12.7 (11.5-13.9)	27.3 (25.7-28.9)	19321334	1 : 40	0.05 %
Ramanagar	408	13.9 (7.2-20.6)	16.2 (8.7-23.6)	29.3 (20.2-38.5)	334188	1 : 75	0.02 %

@Adjusted for Sensitivity and Specificity of the RAT, RTPCR, and Antibody tests.
*Weighted for Population.



- **Observations:**
  1. Relatively lower IgG, lower IFR, higher CIR (when compared with Karnataka state estimates).
  2. High CIR means cases or areas of circulation have been missed. Testing policy needs a review.
  3. Low IFR means that either there are fewer deaths or there is under-reporting.

- **Recommendations:**
  1. State/District should review testing policy and increase testing levels.
  2. Verbal autopsy and Death audits can be strengthened to guide efficient clinical management.
  3. Improve clinical management: STPs.
  4. Sensitise the community regarding COVID-19, treatment and preventable causes of death.

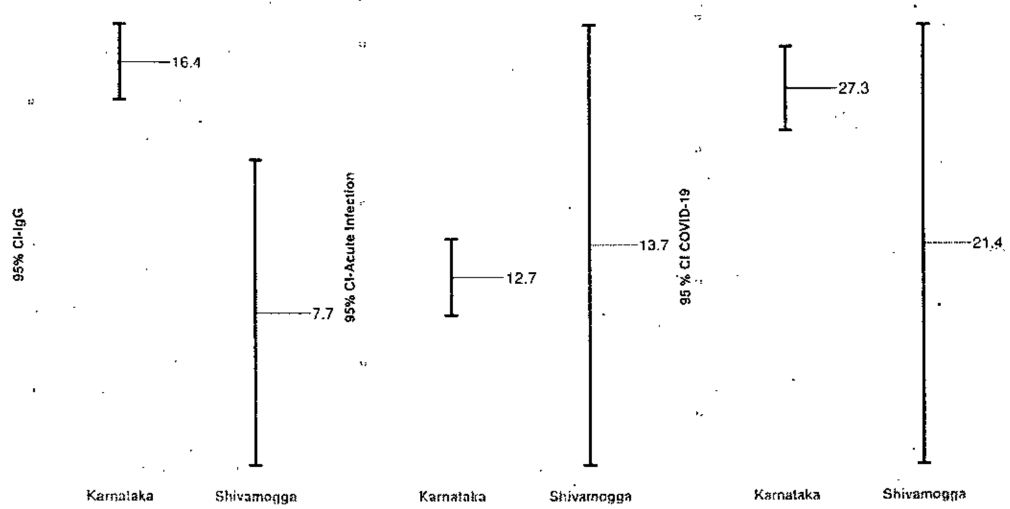
- **Resources:** For questions, clarifications, and suggestions please email karnatakaserosurvey@gmail.com

Sentinel survey for estimating COVID-19 burden in Karnataka, Round-1.

District Summary Report : Shivamogga

Unit	Samples taken for Analysis	%-IgG Prevalence@ (95%-CI)	%-Acute Infection@ (95%-CI)	%-COVID-19 Prevalence@ (95%-CI)	Estimated Infection	Case to Infection Ratio	Infection Fatality Rate
Karnataka*	15624	16.4 (15.1-17.7)	12.7 (11.5-13.9)	27.3 (25.7-28.9)	19321334	1 : 40	0.05 %
Shivamogga	426	7.7 (2.4-13)	13.7 (6.8-20.6)	21.4 (13.1-29.7)	398975	1 : 30	0.09 %

@Adjusted for Sensitivity and Specificity of the RAT, RTPCR, and Antibody tests.
*Weighted for Population.



- **Observations**:
  1. Relatively lower IgG, higher IFR, lower CIR (when compared with Karnataka state estimates).
  2. The district is yet to see surge in cases.
  3. High proportion of deaths due to COVID-19 in the early phase of the outbreak.
     - Death reporting is reliable.
     - Awareness might be low.
     - Clinical management may be an issue to be addressed.

- **Recommendations**:
  1. Focus on clinical management as the district is seeing a higher number of COVID-19 deaths without a surge in cases.
     - Improve clinical management: STPs.
  2. Death audits should guide efficient clinical management.
  3. Sensitise the community regarding preventable causes of death.

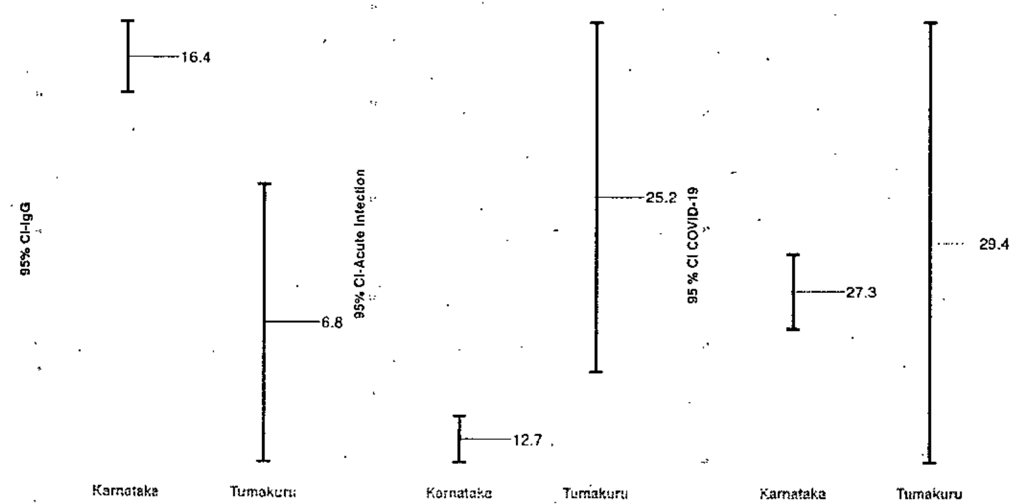
- **Resources**: For questions, clarifications, and suggestions please email karnatakaserosurvey@gmail.com

Sentinel survey for estimating COVID-19 burden in Karnataka, Round-1.

District Summary Report : Tumakuru

Unit	Samples taken for Analysis	%-IgG Prevalence@ (95%-CI)	%-Acute Infection@ (95%-CI)	%-COVID-19 Prevalence@ (95%-CI)	Estimated Infection	Case to Infection Ratio	Infection Fatality Rate
Karnataka*	15624	16.4 (15.1-17.7)	12.7 (11.5-13.9)	27.3 (25.7-28.9)	19321334	1 : 40	0.05 %
Tumakuru	429	6.8 (1.7-11.8)	25.2 (16.2-34.2)	29.4 (19.9-38.9)	818525	1 : 82	0.08 %

@Adjusted for Sensitivity and Specificity of the RAT, RTPCR, and Antibody tests.
*Weighted for Population.



- **Observations:**
  1. Relatively lower IgG, higher IFR, higher CIR (when compared with Karnataka state estimates).
  2. The district is yet to see surge in cases.
  3. High proportion of deaths due to COVID-19 in the early phase of the outbreak.
     - Death reporting is reliable.
     - Awareness might be low. Clinical management may be an issue to be addressed.

- **Recommendations:**
  1. Focus on clinical management as the district is seeing a higher number of COVID-19 deaths without a surge in cases.
     - Improve clinical management: STPs.
  2. Death audits should guide efficient clinical management.
  3. Sensitise the community regarding preventable causes of death.

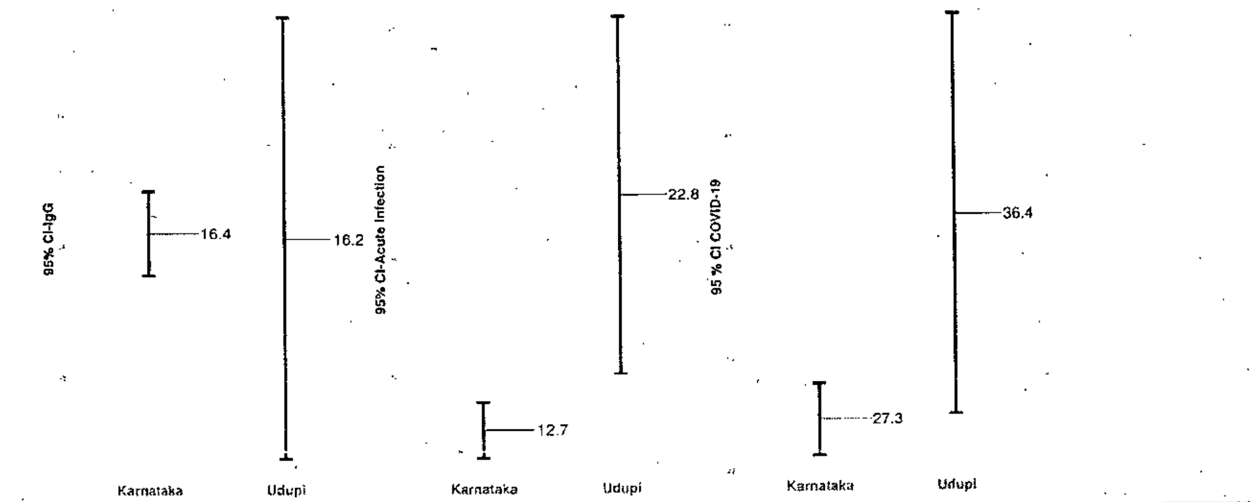
- **Resources:** For questions, clarifications, and suggestions please email karnatakaserosurvey@gmail.com

Sentinel survey for estimating COVID-19 burden in Karnataka, Round-1.

District Summary Report : Udupi

Unit	Samples taken for Analysis	%-IgG Prevalence@ (95%-CI)	%-Acute Infection@ (95%-CI)	%-COVID-19 Prevalence@ (95%-CI)	Estimated Infection	Case to Infection Ratio	Infection Fatality Rate
Karnataka*	15624	16.4 (15.1-17.7)	12.7 (11.5-13.9)	27.3 (25.7-28.9)	19321334	1 : 40	0.05 %
Udupi	439	16.2 (9.5-23)	22.8 (15.1-30.5)	36.4 (27.5-45.4)	475836	1 : 33	0.05 %

@Adjusted for Sensitivity and Specificity of the RAT, RTPCR, and Antibody tests.
*Weighted for Population.



- **Observations:**
  1. Relatively lower IgG, lower IFR, lower CIR (when compared with Karnataka state estimates).
  2. District will likely have surge in cases in the near future.
  3. Low IFR can mean that either there are fewer deaths or there is under-reporting of deaths.

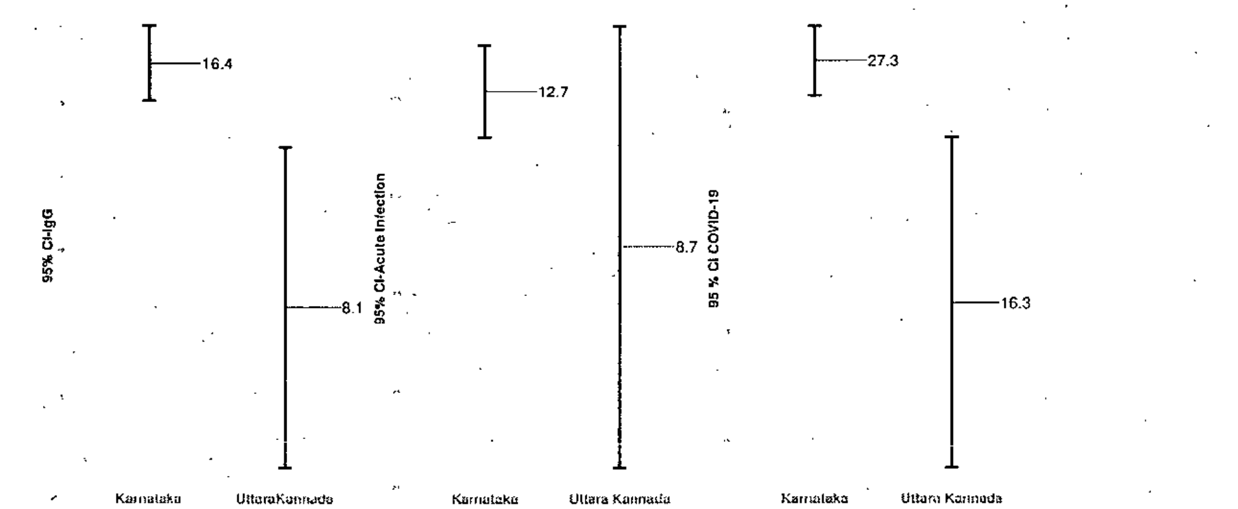
- **Recommendations:**
  1. State/District should strengthen action plan for managing the future surge in cases.
     - Sensitise the community regarding COVID-19, treatment, and preventable causes of death.
     - Improve clinical management: STPs
  2. Verbal autopsy and death audits to be strengthened.

Sentinel survey for estimating COVID-19 burden in Karnataka, Round-1.

District Summary Report : Uttara-Kannada

Unit	Samples taken for Analysis	%-IgG Prevalence@ (95%-CI)	%-Acute Infection@ (95%-CI)	%-COVID-19 Prevalence@ (95%-CI)	Estimated Infection	Case to Infection Ratio	Infection Fatality Rate
Karnataka*	15624	16.4 (15.1-17.7)	12.7 (11.5-13.9)	27.3 (25.7-28.9)	19321334	1 : 40	0.05 %
Uttara-Kannada	419	8.1 (2.6-13.5)	8.7 (3-14.4)	16.3 (8.8-23.8)	247149	1 : 32	0.04 %

@Adjusted for Sensitivity and Specificity of the RAT, RTPCR, and Antibody tests.
*Weighted for Population.



- **Observations**:
  1. Relatively lower IgG, lower IFR, lower CIR (when compared with Karnataka state estimates).
  2. District will likely have surge in cases in the near future.
  3. Low IFR can mean that either there are fewer deaths or there is under-reporting of deaths.

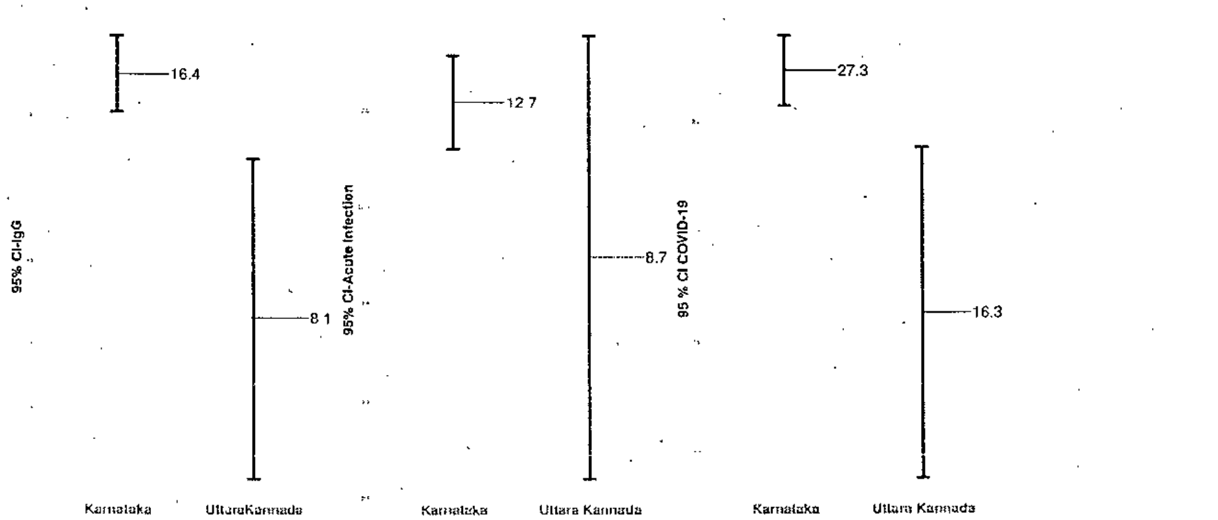
- **Recommendations**:
  1. State/District should strengthen action plan for managing the future surge in cases.
     - Sensitise the community regarding COVID-19, treatment, and preventable causes of death.
     - Improve clinical management: STPs
  2. Verbal autopsy and death audits to be strengthened,

Sentinel survey for estimating COVID-19 burden in Karnataka, Round-1.

District Summary Report : Uttara-Kannada

Unit	Samples taken for Analysis	%-IgG Prevalence@ (95%-CI)	%-Acute Infection@ (95%-CI)	%-COVID-19 Prevalence@ (95%-CI)	Estimated Infection	Case to Infection Ratio	Infection Fatality Rate
Karnataka*	15624	16.4 (15.1-17.7)	12.7 (11.5-13.9)	27.3 (25.7-28.9)	19321334	1 : 40	0.05 %
Uttara-Kannada	419	8.1 (2.6-13.5)	8.7 (3-14.4)	16.3 (8.8-23.8)	247149	1 : 32	0.04 %

@Adjusted for Sensitivity and Specificity of the RAT, RTPCR, and Antibody tests.
*Weighted for Population.



- **Observations**:
  1. Relatively lower IgG, lower IFR, lower CIR (when compared with Karnataka state estimates).
  2. District will likely have surge in cases in the near future.
  3. Low IFR can mean that either there are fewer deaths or there is under-reporting of deaths.

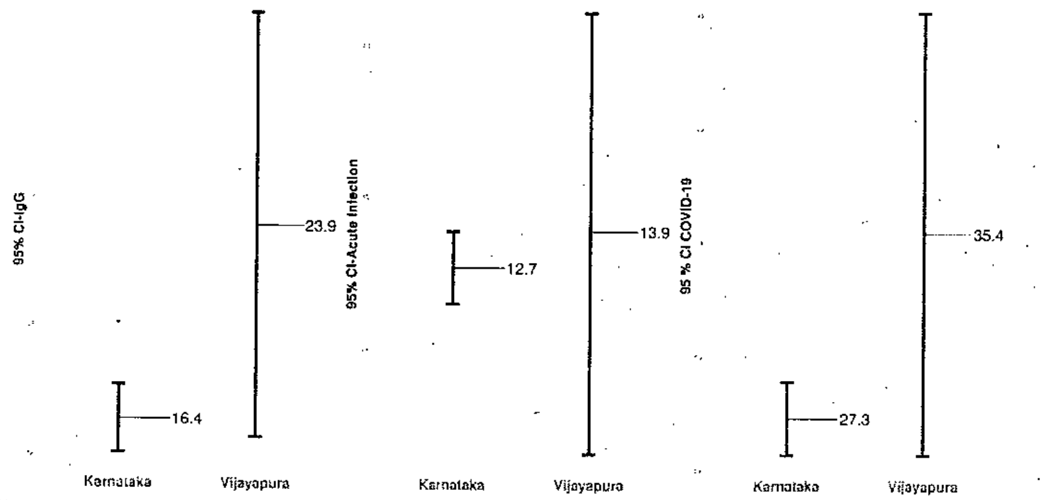
- **Recommendations**:
  1. State/District should strengthen action plan for managing the future surge in cases.
     - Sensitise the community regarding COVID-19, treatment, and preventable causes of death.
     - Improve clinical management: STPs
  2. Verbal autopsy and death audits to be strengthened,

Sentinel survey for estimating COVID-19 burden in Karnataka, Round-1.

District Summary Report : Vijayapura

Unit	Samples taken for Analysis	%-IgG Prevalence@ (95%-CI)	%-Acute Infection@ (95%-CI)	%-COVID-19 Prevalence@ (95%-CI)	Estimated Infection	Case to Infection Ratio	Infection Fatality Rate
Karnataka*	15624	16.4 (15.1-17.7)	12.7 (11.5-13.9)	27.3 (25.7-28.9)	19321334	1 : 40	0.05 %
Vijayapura	381	23.9 (15.7-32.2)	13.9 (6.6-21.1)	35.4 (25.7-45.1)	910433	1 : 111	0.02 %

@Adjusted for Sensitivity and Specificity of the RAT, RTPCR, and Antibody tests.
*Weighted for Population.



- **Observations:**
  1. Relatively higher IgG, lower IFR, higher CIR (when compared with Karnataka state estimates).
  2. High IgG and high CIR in district is a clear indication that cases or areas of circulation have been missed. Testing policy needs review.
  3. High IgG and low IFR means that there is under-reporting of deaths.

- **Recommendations:**
  1. There is an urgent need to review testing policy and strengthen testing levels.
  2. Verbal autopsy should be a priority in this district.
  3. Death audits should be strengthened to guide efficient clinical management.
  4. Improve clinical management: STPs.
  5. Sensitise the community regarding COVID-19, treatment, and preventable causes of death.

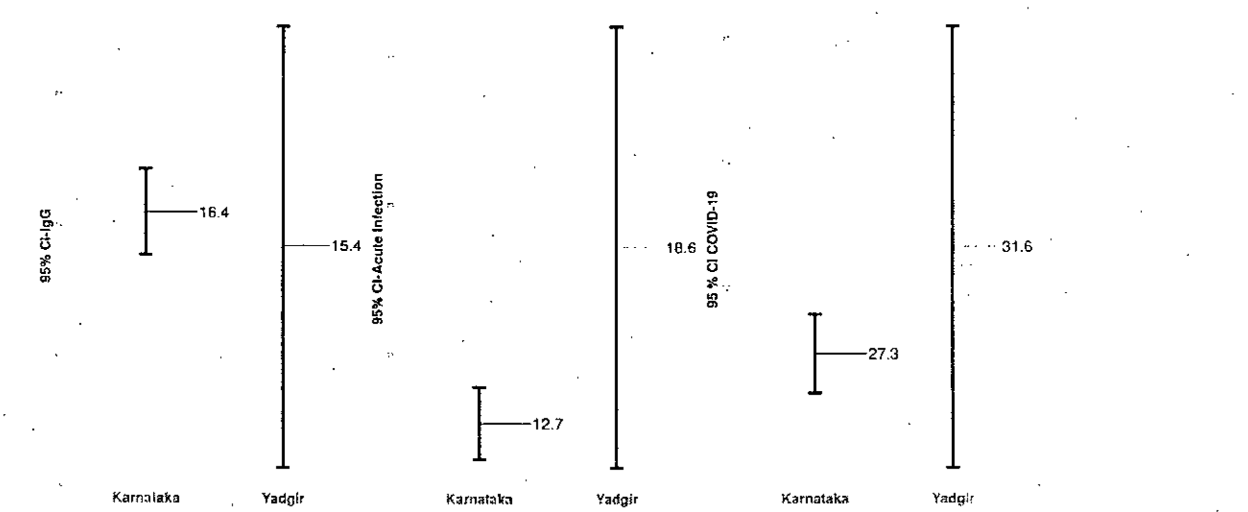
- **Resources:** For questions, clarifications, and suggestions please email karnatakaserosurvey@gmail.com

Sentinel survey for estimating COVID-19 burden in Karnataka, Round-1.

District Summary Report : Yadgir

Unit	Samples taken for Analysis	%-IgG Prevalence@ (95%-CI)	%-Acute Infection@ (95%-CI)	%-COVID-19 Prevalence@ (95%-CI)	Estimated Infection	Case to Infection Ratio	Infection Fatality Rate
Karnataka*	15624	16.4 (15.1-17.7)	12.7 (11.5-13.9)	27.3 (25.7-28.9)	19321334	1 : 40	0.05 %
Yadgir	422	15.4 (8.6-22.1)	18.6 (11.2-26)	31.6 (22.7-40.5)	446333	1 : 61	0.02 %

@Adjusted for Sensitivity and Specificity of the RAT, RTPCR, and Antibody tests.
*Weighted for Population.



- **Observations:**
  1. Relatively lower IgG, lower IFR, higher CIR (when compared with Karnataka state estimates).
  2. High CIR means cases or areas of circulation have been missed. Testing policy needs a review.
  3. Low IFR means that either there are fewer deaths or there is under-reporting.

- **Recommendations:**
  1. State/District should review testing policy and increase testing levels.
  2. Verbal autopsy and Death audits can be strengthened to guide efficient clinical management.
  3. Improve clinical management: STPs.
  4. Sensitise the community regarding COVID-19, treatment and preventable causes of death.

- **Resources:** For questions, clarifications, and suggestions please email karnatakaserosurvey@gmail.com

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Districtwise Details of Sample Collected Vs testing - RT-PCR App & ICMR Data

Sino	District	CUMILATIVE (As on 30.11.2020)								
		RT-PCR & Othres (Tested)	RT-PCR & Othres (Positive)	Positivity Rate	Ag test (Tested)	Ag test (Positive)	Positivity Rate	Tested (ICMR portal)	Positive (ICMR portal)	Positivity Rate
1	Bagalkote	103979	60196	58%	99684	6071	6%	203663	66267	33%
2	Ballari	141969	86705	61%	184314	23080	13%	326283	109785	34%
3	Belagavi	181755	88551	49%	116601	11293	10%	298356	99844	33%
4	Bengaluru Rural	115147	79533	69%	53176	6578	12%	168323	86111	51%
5	Bengaluru Urban	3585605	1849373	52%	977677	97301	10%	4563282	1946674	43%
6	Bidar	129103	41303	32%	33448	1767	5%	162551	43070	26%
7	Chamarajanagara	88202	39678	45%	36640	1826	5%	124842	41504	33%
8	Chikkaballapura	133467	66638	50%	78129	5038	6%	211596	71676	34%
9	Chikkamagaluru	101704	69409	68%	58136	6378	11%	159840	75787	47%
10	Chitradurga	105609	73864	70%	58256	4943	8%	163865	78807	48%
11	Dakshina Kannada	223782	122911	55%	119658	10093	8%	343440	133004	39%
12	Davangere	155327	73526	47%	91806	7734	8%	247133	81260	33%
13	Dharwad	181972	83473	46%	87808	7919	9%	269780	91392	34%
14	Gadag	79257	45001	57%	64565	4173	6%	143822	49174	34%
15	Hassan	200957	135819	68%	108734	12182	11%	309691	148001	48%
16	Haveri	95443	41681	44%	51892	4815	9%	147335	46496	32%
17	Kalaburagi	251611	84150	33%	88547	5494	6%	340158	89644	26%
18	Kodagu	65846	31464	48%	21109	2001	9%	86955	33465	38%
19	Kolar	122317	58898	48%	42420	3710	9%	164737	62608	38%
20	Koppal	103957	39496	38%	86592	8836	10%	190549	48332	25%
21	Mandya	188895	121440	64%	120314	11088	9%	309209	132528	43%
22	Mysuru	262163	163533	62%	178236	23361	13%	440399	186894	42%
23	Raichur	122715	44319	36%	66262	5500	8%	188977	49819	26%
24	Ramanagara	75510	38492	51%	30970	3499	11%	106480	41991	39%
25	Shivamogga	173974	88966	51%	84708	6385	8%	258682	95351	37%
26	Tumakuru	185656	136945	74%	140532	10896	8%	326188	147841	45%
27	Udupi	150551	82237	55%	93645	7584	8%	244196	89821	37%
28	Uttara Kannada	143930	62876	44%	72087	6295	9%	216017	69171	32%
29	Vijayapura	126007	57277	45%	61554	3160	5%	187561	60437	32%
30	Yadgir	112414	43521	39%	38291	3261	9%	150705	46782	31%
TOTAL		7708824	4011275	52%	3345791	312261	9%	11054615	4323536	39%

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Details of Private Lab payments till 20.11.2020

Amount in Rupees

Sl No	Name of District	Name of Private Lab	Number of RTPCR Tests Conducted	Amount Payable for Tests conducted	Amount paid till 20.11.2020				Total Amount Paid	Balance Amount Due
					Out of NHM Emergency COVID Response Plan	Out of SDRF	Out of NHM State Budget	Out of Any other funds		
1	Bagalkote	S. Nijalingappa Medical College, Bagalkote	7417	89,00,400	-	-	-	-	-	89,00,400
		SDM, Dharwad	619	7,42,800	-	-	-	-	-	7,42,800
	Bagalkote Total		**8036**	**96,43,200**	-	-	-	-	-	**96,43,200**
2	Bangalore Rural	EAST POINT MEDICAL COLLEGE HOSPITAL LAB BANGALORE URBAN	61	1,37,250	-	1,37,250	-	-	1,37,250	-
		MVJ MEDICAL COLLEGE HOSPITAL LAB	11646	1,11,31,940	-	-	-	-	-	1,11,31,940
		SIDDARTHA INSTITUTE OF MEDICAL SCIENCE	9770	1,17,24,000	-	-	-	-	-	1,17,24,000
		AKASH MEDICAL COLLEGE HOSPITAL LAB	7519	90,22,800	-	-	-	-	-	90,22,800
	Bangalore Rural Total		**28996**	**3,20,15,990**	-	**1,37,250**	-	-	**1,37,250**	**3,18,78,740**
3	Bangalore Urban	PARVVA DIAGNOSTICS	142	2,13,000	-	-	-	-	-	2,13,000
		CANCYTE	315	6,30,000	-	-	-	-	-	6,30,000
		XCYTON Diagnostic Pvt Ltd.	1756	78,29,000	-	-	-	-	-	78,29,000
		Narayana Nethralaya,	1129	22,58,000	-	-	-	-	-	22,58,000
		MEDICLU DIAGNOSTICS & SPEACILITY CENTRE	17601	2,19,61,750	-	-	-	-	-	2,19,61,750
	Bangalore Urban Total		**20943**	**3,28,91,750**	-	-	-	-	-	**3,28,91,750**
4	Belagavi	Neuberg Anand Reference Laboratory	1773	19,12,000	-	19,12,000	-	-	19,12,000	-
		Parvva diagnostics & Healthcare	400	6,00,000	-	6,00,000	-	-	6,00,000	-
		Kasturba Hospital	400	6,00,000	-	6,00,000	-	-	6,00,000	-
		JNMC, Belagavi	1352	20,28,000	-	-		-	-	20,28,000
	Belagavi Total		**3925**	**51,40,000**	-	**31,12,000**	-	-	**31,12,000**	**20,28,000**
5	Bellary	MEDICLUE DIAGONSTICS BENGALORE	473	7,08,750	-	-	-	-	-	7,08,750
		SDM, DHARWAD	1311	11,52,400	-	-	-	-	-	11,52,400
	Bellary Total		**1784**	**18,61,150**	-	-	-	-	-	**18,61,150**
6	Bidar	-	-	-	-	-	-	-	-	-
	Bidar Total		-	-	-	-	-	-	-	-
7	Chamrajnagar	-	-	-	-	-	-	-	-	-
	Chamrajnagar Total		-	-	-	-	-	-	-	-
8	Chikkaballapur	-	-	-	-	-	-	-	-	-
	Chikkaballapur Total		-	-	-	-	-	-	-	-
9	Chikkamagalur	-	-	-	-	-	-	-	-	-
	Chikkamagalur Total		-	-	-	-	-	-	-	-
10	Chitradurga	RAJARAJESHWARI MEDICAL COLLEGE & HOSPITAL, BENGALURU	321	6,42,000	-	-	-	-	-	6,42,000
	Chitradurga Total		**321**	**6,42,000**	-	-	-	-	-	**6,42,000**
		AJ Medical College	5456	64,58,400	-	-	-	-	-	64,58,400

Amount in Rupees

Sl No	Name of District	Name of Private Lab	Number of RTPCR Tests Conducted	Amount Payable for Tests conducted	Amount paid till 20.11.2020: Out of NHM Emergency COVID Response Plan	Out of SDRF	Out of NHM State Budget	Out of Any other funds	Total Amount Paid	Balance Amount Due
11	Dakshina Kannada	Father Mullar Medical College Hospital	6102	82,93,360	-	-		-	-	82,93,360
		KMC Attavara	2748	31,82,791	-	-		-	-	31,82,791
		KS Hegde	7378	73,11,680	-	-		-	-	73,11,680
		Srinivas Hospital	180	1,02,400	-	-		-	-	1,02,400
		Kanachuru Hospital	1828	11,45,920	-	-		-	-	11,45,920
		Yenapoya Medical College Manglore	10653	1,56,65,746					-	1,56,65,746
	Dakshina Kannada Total		**34345**	**4,21,60,297**	-	-	-	-	-	**4,21,60,297**
12	Davanagere	SSIMS & RC Davangere	14825	2,27,25,980	-	1,34,28,750	-	-	1,34,28,750	92,97,230
		JJM Medical College	22819	3,70,96,900	-	2,60,26,000			2,60,26,000	1,10,70,900
		Yenepoye Medical College Mangalore	207	4,65,750	-	4,65,750			4,65,750	-
		Neuberg Anand Reference Laboratory Bangalore	181	4,07,250	-	4,07,250			4,07,250	-
		K.S. Hegde Hospital Mangalore	423	4,53,150	-	4,53,150			4,53,150	-
		Kasturba Hospital Manipal	512	11,52,000	-	11,52,000			11,52,000	-
		Cancyte Bangalore	480	9,54,000	-	9,54,000			9,54,000	-
		Aster Clinical Lab	675	13,50,000	-				-	13,50,000
	Davanagere Total		**40122**	**6,46,05,030**	-	**4,28,86,900**	-	-	**4,28,86,900**	**2,17,18,130**
13	Dharwad	-	-	-	-	-	-	-	-	-
	Dharwad Total		-	-	-	-	-	-	-	-
14	Gadag	-	-	-	-	-	-	-	-	-
	Gadag Total		-	-	-	-	-	-	-	-
15	Hassan	-	-	-	-	-	-	-	-	-
	Hassan Total		-	-	-	-	-	-	-	-
16	Haveri	-	-	-	-	-	-	-	-	-
	Haveri Total		-	-	-	-	-	-	-	-
17	Kalburgi	United Hospital Kalaburagi	4114	74,12,500	-	-	-	-	-	74,12,500
		Nuburg Anand Dignosit Banglore	543	5,94,000	-	-	-	-	-	5,94,000
		Addichinchangri Instution Of Manday As	806	18,13,500	-	-	-	-	-	18,13,500
	Kalburgi Total		**5463**	**98,20,000**	-	-	-	-	-	**98,20,000**
18	Kodagu	-	-	-	-	-	-	-	-	-
	Kodagu Total		**0**	-	-	-	-	-	-	-
19	Kolar	SRI DEVARAJ URS MEDICAL COLLEGE, KOLAR	16452	2,36,35,850	-	-	-	-	-	2,36,35,850
	Kolar Total		**16452**	**2,36,35,850**	-	-	-	-	-	**2,36,35,850**
20	Koppal	-	-	-	-	-	-	-	-	-
	Koppal Total		-	-	-	-	-	-	-	-
21	Mandya	ADHICHUNCHANAGIRI INSTITUTE OF MEDICAL SCIENCE.(AIMS)	28401	3,30,72,690	-	-	-	-	-	3,30,72,690

Amount in Rupees

Sl No	Name of District	Name of Private Lab	Number of RTPCR Tests Conducted	Amount Payable for Tests conducted	Amount paid till 20.11.2020 Out of NHM Emergency COVID Response Plan	Out of SDRF	Out of NHM State Budget	Out of Any other funds	Total Amount Paid	Balance Amount Due
	Mandya Total		**28401**	**3,30,72,690**	-	-	-	-	-	**3,30,72,690**
22	Mysore	Clear medi radiant hospital	1729	19,82,000	-	-	-	-	-	19,82,000
		JSSHospital	868	10,41,600	-	-	-	-	-	10,41,600
		ApolloBGS hospital	496	5,21,600	-	-	-	-	-	5,21,600
	Mysore Total		**3093**	**35,45,200**	-	-	-	-	-	**35,45,200**
23	Raichur	-	-	-	-	-	-	-	-	-
	Raichur Total		-	-	-	-	-	-	-	-
24	Ramanagar	J S S Laboratory Mysore	659	14,82,750	-	14,82,750	-	-	14,82,750	-
	Ramanagar Total		**659**	**14,82,750**	-	**14,82,750**	-	-	**14,82,750**	-
25	Shimogga	SUBBAIAH HOSPITAL	5208	54,46,400	-	-	-	-	-	54,46,400
		NANJAPPA HOSPITAL	3544	36,65,600	-	-	-	-	-	36,65,600
	Shimogga Total		**8752**	**91,12,000**	-	-	-	-	-	**91,12,000**
26	Tumkur	Sridevi Medical College	6280	28,32,480	-	-	-	-	-	28,32,480
		Sidharth Medical College	6692	30,33,280	-	-	-	-	-	30,33,280
	Tumkur Total		**12972**	**58,65,760**	-	-	-	-	-	**58,65,760**
27	Udupi	KMC Manipal	26419	5,43,43,050	1,23,48,000	2,49,90,750		-	3,73,38,750	1,70,04,300
		KMC Manglore	426	9,58,500	9,58,500	-		-	9,58,500	-
		Father Mullar Medical College Hospital	398	8,95,500	8,95,500	-		-	8,95,500	-
		Justice K S Hegde Charitable Hospital Manglore	267	5,92,400	5,92,400	-		-	5,92,400	-
		Yenapoya Medical College Manglore	2491	51,48,250	37,37,250	-		-	37,37,250	14,11,000
	Udupi Total		**30001**	**6,19,37,700**	**1,85,31,650**	**2,49,90,750**		-	**4,35,22,400**	**1,84,15,300**
28	Uttara Kannada	KMC Manipal	830	18,67,547	-	18,67,547	-	-	18,67,547	-
	Uttara Kannada Total		**830**	**18,67,547**	-	**18,67,547**	-	-	**18,67,547**	-
29	Vijayapur / Bijapur	BLDE, VIJAYAPUR	11226	1,41,64,700	-	-	-	33,94,000	33,94,000	1,07,70,700
	Vijayapur / Bijapur Total		**11226**	**1,41,64,700**	-	-	-	**33,94,000**	**33,94,000**	**1,07,70,700**
30	Yadgir	-	-	-	-	-	-	-	-	-
	Yadgir Total		-	-	-	-	-	-	-	-
31	BBMP	Aarthi Labs	9066	1,08,79,200	-	-	-	-	-	1,08,79,200
		Abhayahasta	8120	73,97,600	-	-	-	-	-	73,97,600
		Acquity Lab	34447	3,02,82,400	-	-	-	-	-	3,02,82,400
		Akash hospital	9910	1,18,92,000	-	-	-	-	-	1,18,92,000
		Anand Lab	2518	50,36,000	-	-	-	-	-	50,36,000
		Aster Lab	8358	1,10,76,900	-	-	-	-	-	1,10,76,900
		Cancyte	4238	1,76,77,800	-	-	-	-	-	1,76,77,800
		Desai's Micro Lab	7106	85,27,200	-	-	-	-	-	85,27,200
		East point College	20696	2,74,00,200	-	-	-	-	-	2,74,00,200
		Genematrix	7161	73,54,000	-	-	-	-	-	73,54,000
		Hybrinomics	2417	24,07,800	-	-	-	-	-	24,07,800
		KIDWAI Institute of Oncology	86421	21,14,10,750	-	-	-	-	-	21,14,10,750
		KIMS	1952	97,31,700	-	-	-	-	-	97,31,700

Amount in Rupees

Sl No	Name of District	Name of Private Lab	Number of RTPCR Tests Conducted	Amount Payable for Tests conducted	Amount paid till 20.11.2020				Total Amount Paid	Balance Amount Due
					Out of NHM Emergency COVID Response Plan	Out of SDRF	Out of NHM State Budget	Out of Any other funds		
		Lab Genius	5106	1,10,58,300	-	-	-	-	-	1,10,58,300
		M S Ramaih Lab	4484	39,44,800	-	-	-	-	-	39,44,800
		Mediclu	55299	7,19,52,100	-	-	-	-	-	7,19,52,100
		Microbiological Lab	49093	3,01,78,430	-	-	-	-	-	3,01,78,430
		Molecular solutions	11830	1,43,47,200	-	-	-	-	-	1,43,47,200
		Narayana Hrudayalaya	665	9,97,500	-	-	-	-	-	9,97,500
		Narayana Nethralaya	30254	3,49,56,400	-	-	-	-	-	3,49,56,400
		Parva Diagnostics	10487	1,06,53,200	-	-	-	-	-	1,06,53,200
		Rajarajeshwari Medical college	22411	2,70,01,600	-	-	-	-	-	2,70,01,600
		Sakra	2549	31,80,600	-	-	-	-	-	31,80,600
		Xcyton Diagnostics Pvt Ltd	3207	48,10,500	-	-	-	-	-	48,10,500
	BBMP Total		**397795**	**57,41,54,180**	-	-	-	-	-	**57,41,54,180**
	Sub Total		**654116**	**92,76,17,794**	**1,85,31,650**	**7,44,77,197**	-	**33,94,000**	**9,64,02,847**	**83,12,14,947**

Private Lab payments made from State level out of NHM funds

Sl No	Name of the District	Name of the Private Lab	Number of RTPCR Tests conducted	Amount payable for tested conducted	Out of NHM ECRP	Out of SDRF	Out of NHM State Budget	Out of Any other funds please specify	Amount paid till date	Balance due
1	Bagalkote	Xcyton Diagnostics Pvt Ltd	175	3,93,750	3,93,750	-	-	-	3,93,750	-
		Aster Lab Bangalore	161	3,62,250	3,62,250	-	-	-	3,62,250	-
		Xcyton Diagnostics Diagnostics Pvt Ltd	93	2,09,250	2,09,250	-	-	-	2,09,250	-
	Bagalkote Total		429	9,65,250	9,65,250	-	-	-	9,65,250	-
2	Bangalore Urban	Cancyte Technologies Pvt Ltd	241	5,42,250	5,42,250	-	-	-	5,42,250	-
		Narayana Netralaya	221	4,97,250	4,97,250	-	-	-	4,97,250	-
		Kempegowda Institute Of Medical Science Bangalore	109	2,45,250	2,45,250	-	-	-	2,45,250	-
		Kempegowda Institute Of Medical Science Bangalore	125	2,81,250	2,81,250	-	-	-	2,81,250	-
		Aster Lab Bangalore	223	5,01,750	5,01,750	-	-	-	5,01,750	-
		Eurofins Clinical Genetics India Pvt Ltd	31	69,750	69,750	-	-	-	69,750	-
		Eurofins Clinical Genetics India Pvt Ltd	14	31,500	31,500	-	-	-	31,500	-
		Eurofins Clinical Genetics India Pvt Ltd	110	2,47,500	2,47,500	-	-	-	2,47,500	-
		Eurofins Clinical Genetics India Pvt Ltd	17	38,250	38,250	-	-	-	38,250	-
		Eurofins Clinical Genetics India Pvt Ltd	59	1,32,750	1,32,750	-	-	-	1,32,750	-

Amount in Rupees

Sl No	Name of District	Name of Private Lab	Number of RTPCR Tests Conducted	Amount Payable for Tests conducted	Amount paid till 20.11.2020				Total Amount Paid	Balance Amount Due
					Out of NHM Emergency COVID Response Plan	Out of SDRF	Out of NHM State Budget	Out of Any other funds		
		Eurofins Clinical Genetics India Pvt Ltd	10	22,500	22,500	-	-	-	22,500	-
		Eurofins Clinical Genetics India Pvt Ltd	9	20,250	20,250	-	-	-	20,250	-
		Eurofins Clinical Genetics India Pvt Ltd	107	2,40,750	2,40,750	-	-	-	2,40,750	-
		Xcyton Diagnostics Diagnostics Pvt Ltd	526	11,85,750	11,85,750	-	-	-	11,85,750	-
	Bangalore Urban Total		1802	40,56,750	40,56,750	-	-	-	40,56,750	-
3	Bellary	Narayana Netralaya	738	16,60,500	16,60,500	-	-	-	16,60,500	-
		Kempegowda Institute Of Medical Science Bangalore	515	11,58,750	11,58,750	-	-	-	11,58,750	-
		Kempegowda Institute Of Medical Science Bangalore	7	15,750	15,750	-	-	-	15,750	-
	Bellary Total		1260	28,35,000	28,35,000	-	-	-	28,35,000	-
4	Bidar	Neuberg Anand Reference laboratory	160	3,58,350	3,58,350	-	-	-	3,58,350	-
		Cancyte Technologies Pvt Ltd	256	5,76,000	5,76,000	-	-	-	5,76,000	-
		Neuberg Anand Reference laboratory	118	2,65,000	2,65,000	-	-	-	2,65,000	-
		Neuberg Anand Reference laboratory	384	8,64,000	8,64,000	-	-	-	8,64,000	-
		Narayana Netralaya	537	12,08,250	12,08,250	-	-	-	12,08,250	-
		Narayana Netralaya	139	3,12,750	3,12,750	-	-	-	3,12,750	-
		Eurofins Clinical Genetics India Pvt Ltd	357	8,03,250	8,03,250	-	-	-	8,03,250	-
	Bidar Total		1951	43,87,600	43,87,600	-	-	-	43,87,600	-
5	Davangere	M/S Micro Biological Bangaluru	701	15,77,250	15,77,250	-	-	-	15,77,250	-
	Davangere Total		701	15,77,250	15,77,250	-	-	-	15,77,250	-
6	Hassan	Hybrinomics Life Science & Diagnostics	141	3,17,250	3,17,250	-	-	-	3,17,250	-
	Hassan Total		141	3,17,250	3,17,250	-	-	-	3,17,250	-
7	Kalburgi	Aster Lab Bangalore	271	6,09,750	6,09,750	-	-	-	6,09,750	-
		Neuberg Anand Reference laboratory	124	2,79,000	2,79,000	-	-	-	2,79,000	-
		Cancyte Technologies Pvt Ltd	191	4,29,750	4,29,750	-	-	-	4,29,750	-
		Neuberg Anand Reference laboratory	132	2,97,000	2,97,000	-	-	-	2,97,000	-
		Xcyton Diagnostics Diagnostics Pvt Ltd	830	18,67,500	18,67,500	-	-	-	18,67,500	-
		Xcyton Diagnostics Diagnostics Pvt Ltd	456	10,26,000	10,26,000	-	-	-	10,26,000	-
		Eurofins Clinical Genetics India Pvt Ltd	353	7,94,250	7,94,250	-	-	-	7,94,250	-
		Vydehi Institute Of Medical Science & Research Centre	456	10,26,000	10,26,000	-	-	-	10,26,000	-
		Hybrinomics Life Science & Diagnostics	69	1,55,250	1,55,250	-	-	-	1,55,250	-
	Kalburgi Total		2882	64,84,500	64,84,500	-	-	-	64,84,500	-

Amount in Rupees

Sl No	Name of District	Name of Private Lab	Number of RTPCR Tests Conducted	Amount Payable for Tests conducted	Amount paid till 20.11.2020				Total Amount Paid	Balance Amount Due
					Out of NHM Emergency COVID Response Plan	Out of SDRF	Out of NHM State Budget	Out of Any other funds		
8	Kolar	Neuberg Anand Reference laboratory	117	2,63,250	2,63,250	-	-	-	2,63,250	-
		Vydehi Institute Of Medical Science & Research Centre	144	3,24,000	3,24,000	-	-	-	3,24,000	-
	Kolar Total		261	5,87,250	5,87,250	-	-	-	5,87,250	-
9	Koppal	Xcyton Diagnostics Diagnostics Pvt Ltd	557	12,39,500	12,39,500	-	-	-	12,39,500	-
		Xcyton Diagnostics Diagnostics Pvt Ltd	52	1,17,000	1,17,000	-	-	-	1,17,000	-
		M/S Micro Biological Bangaluru	57	1,28,250	1,28,250	-	-	-	1,28,250	-
	Koppal Total		666	14,84,750	14,84,750	-	-	-	14,84,750	-
10	Mandya	Xcyton Diagnostics Diagnostics Pvt Ltd	88	1,98,000	1,98,000	-	-	-	1,98,000	-
		Hybrinomics Life Science & Diagnostics	41	92,250	92,250	-	-	-	92,250	-
	Mandya Total		129	2,90,250	2,90,250	-	-	-	2,90,250	-
11	Raichur	Aster Lab Bangalore	238	5,35,500	5,35,500	-	-	-	5,35,500	-
		Aster Lab Bangalore	311	6,99,750	6,99,750	-	-	-	6,99,750	-
	Raichur Total		549	12,35,250	12,35,250	-	-	-	12,35,250	-
12	Ramanagar	JSS Hospital	633	14,24,250	14,24,250	-	-	-	14,24,250	-
	Ramanagar Total		633	14,24,250	14,24,250	-	-	-	14,24,250	-
13	Tumkur	Kempegowda Institute Of Medical Science Bangalore	248	5,58,000	5,58,000	-	-	-	5,58,000	-
		M/S Micro Biological Bangaluru	63	1,41,750	1,41,750	-	-	-	1,41,750	-
		Cancyte Technologies Pvt Ltd	154	3,46,500	3,46,500	-	-	-	3,46,500	-
	Tumkur Total		465	10,46,250	10,46,250	-	-	-	10,46,250	-
14	Uttar Kannada	M/S Micro Biological Bangaluru	456	10,26,000	10,26,000	-	-	-	10,26,000	-
	Uttar Kannada Total		456	10,26,000	10,26,000	-	-	-	10,26,000	-
15	Vijayapura	Xcyton Diagnostics Diagnostics Pvt Ltd	1204	27,09,000	27,09,000	-	-	-	27,09,000	-
		Xcyton Diagnostics Diagnostics Pvt Ltd	729	16,40,250	16,40,250	-	-	-	16,40,250	-
	Vijayapura Total		1933	43,49,250	43,49,250	-	-	-	43,49,250	-
16	Yadgiri	M/S Micro Biological Bangaluru	1007	22,65,750	22,65,750	-	-	-	22,65,750	-
	Yadgiri Total		1007	22,65,750	22,65,750	-	-	-	22,65,750	-
		Xcyton Diagnostics Diagnostics Pvt Ltd	496	11,16,000	11,16,000	-	-	-	11,16,000	-
		Neuberg Anand Reference laboratory	227	5,10,750	5,10,750	-	-	-	5,10,750	-
		Eurofins Clinical Genetics India Pvt Ltd	38	85,500	85,500	-	-	-	85,500	-
		Kempegowda Institute Of Medical Science Bangalore	11	24,750	24,750	-	-	-	24,750	-
		Aster Lab Bangalore	227	5,10,750	5,10,750	-	-	-	5,10,750	-
		Eurofins Clinical Genetics India Pvt Ltd	41	92,250	92,250	-	-	-	92,250	-
		Eurofins Clinical Genetics India Pvt Ltd	8	18,000	18,000	-	-	-	18,000	-
		Eurofins Clinical Genetics India Pvt Ltd	258	5,80,500	5,80,500	-	-	-	5,80,500	-

Amount in Rupees

Sl No	Name of District	Name of Private Lab	Number of RTPCR Tests Conducted	Amount Payable for Tests conducted	Amount paid till 20.11.2020				Total Amount Paid	Balance Amount Due
					Out of NHM Emergency COVID Response Plan	Out of SDRF	Out of NHM State Budget	Out of Any other funds		
17	BBMP	Eurofins Clinical Genetics India Pvt Ltd	55	1,23,750	1,23,750	-	-	-	1,23,750	-
		Eurofins Clinical Genetics India Pvt Ltd	62	1,39,500	1,39,500	-	-	-	1,39,500	-
		Eurofins Clinical Genetics India Pvt Ltd	11	24,750	24,750	-	-	-	24,750	-
		Eurofins Clinical Genetics India Pvt Ltd	13	29,250	29,250	-	-	-	29,250	-
		M/S East Point Hospital	1076	24,21,000	24,21,000	-	-	-	24,21,000	-
		Xcyton Diagnostics Diagnostics Pvt Ltd	273	6,14,250	6,14,250	-	-	-	6,14,250	-
		Labgenius Diagnostics Pvt Ltd	935	18,70,000	18,70,000	-	-	-	18,70,000	-
		Neuberg Anand Reference laboratory	1529	30,58,000	30,58,000	-	-	-	30,58,000	-
		Neuberg Anand Reference laboratory	995	19,90,000	19,90,000	-	-	-	19,90,000	-
		Neuberg Anand Reference laboratory	207	4,65,750	4,65,750	-	-	-	4,65,750	-
		Rajarajeshwari Medical College & Hospital Bangaluru	1600	32,00,000	32,00,000	-	-	-	32,00,000	-
		Rajarajeshwari Medical College & Hospital Bangaluru	282	6,34,500	6,34,500	-	-	-	6,34,500	-
		Hybrinomics Life Science & Diagnostics	1145	25,76,250	25,76,250	-	-	-	25,76,250	-
BBMP Total			9489	2,00,85,500	2,00,85,500	-	-	-	2,00,85,500	-
Sub Total			**24754**	**5,44,18,100**	**5,44,18,100**	-	-	-	**5,44,18,100**	-
Grand Total			**678870**	**98,20,35,894**	**7,29,49,750**	**7,44,77,197**	-	**33,94,000**	**15,08,20,947**	**83,12,14,947**

ಅನುಬಂಧ -04		
ಖಾಸಗಿ ಪ್ರಯೋಗಾಲಯ ಗಳಿಗೆ RTPCR ಪರೀಕ್ಷೆಗಳಿಗೆ ಸಂಬಧಿಸಿದ ಪಾವತಿಗಾಗಿ ಜಿಲ್ಲೆಗಳಿಗೆ ಬಿಡುಗಡೆ ಮಾಡಿದ ಅನುದಾನದ ವಿವರ.		
ಕ್ರ.ಸಂ.	ಜಿಲ್ಲೆಯ ಹೆಸರು	ಬಿಡುಗಡೆ ಮಾಡಲಾದ ಒಟ್ಟು ಮೊತ್ತ (ರೂ. ಗಳಲ್ಲಿ)
1	ಬೆಳಗಾವಿ	3,10,21,350.00
2	ಬೆಂಗಳೂರು ನಗರ	16,98,00,000.00
3	ಬೀದರ್	19,22,700.00
4	ದಕ್ಷಿಣ ಕನ್ನಡ	3,77,13,256.00
5	ದಾವಣಗೆರೆ	1,82,34,130.00
6	ಕಲಬುರ್ಗಿ	98,20,000.00
7	ಮಂಡ್ಯ	3,30,72,690.00
8	ಮೈಸೂರು	35,45,200.00
9	ಉಡುಪಿ	1,84,15,300.00
ಒಟ್ಟು ಮೊತ್ತ		**32,35,44,626.00**